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PROPOSED CHANGE OF THE LEGAL STATUS OF THE INSANE, IN ACCORDANCE WITH OUR PRESENT KNOWLEDGE OF THE NATURE OF INSANITY, FOR THE PURPOSE OF SECURING FOR THEM MORE RATIONAL AND EFFICIENT TREATMENT.*

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The lunacy laws of the States of the United States are, for the most part, an incongruous mass of legal verbiage, incapable of explanation or judicial construction. They are in the main an elaboration of the laws of a century ago with scarcely a recognition of the great advances which have been made in our knowledge of insanity. Notwithstanding the many improvements which have been made in providing for the physical comfort of the insane, there is apparent running through our lunacy laws the dominant idea of the criminality of insanity. Commitment and detention, and even care and treatment are still subordinated to this ancient prejudice of our legislators. We are still governed by the common law of England which declares that "it is only a person of unsound mind and dangerous to himself and others that may be restrained of his liberty by another." States are making better and better provision for the security and well-being of the insane while in custody, but they are doing absolutely nothing directly to restore the insane to health. Every improvement in asylum care is chiefly made for the purpose of safe detention and not for cure. As a result the insane in custody are constantly increasing, while the number of cures among them is at its minimum.

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The whole drift of discussion in regard to the insane is in the direction of larger and better accommodations for the chronic insane. We scarcely ever hear of new methods of curing them or great success in treatment. As a consequence the States are burdened with taxation to provide for the accumulating masses of insane. Millions of dollars are annually expended to provide additional accommodations for the rapidly increasing chronic insane, and scarcely a farthing for the express purpose of effecting a speedy cure of the acute insane by remedial measures.

It is surprising how completely the one idea of the construction of asylums and the methods of managing the details of their affairs absorb even the best medical officers and how little thought is given to the critical study of individual patients with a view to their prompt treatment and recovery. The reports of superintendents, of boards of trustees and lunacy commissioners, abound with the details of new constructions, the results of good farming and gardening, the economies, the receipts and expenditures, but scarcely a word is said of improved methods of treatment and the remarkable number of recoveries by new processes of treatment. A writer in a journal devoted to mental science has said while commenting on the Reports of the English Lunacy Commission, "These reports (blue books) show that, on the whole, there is an immense amount of thought, and care, and effort on the treatment of the insane by all who have to do with them. Year by year the efforts towards a more perfect system of treating and managing them moves steadily in all but one direction. That spasmodic and individual efforts are made in this direction is true, but on the whole the medical treatment of the diseases which are comprised under the term insanity stands still as compared with the asylum buildings, general managing, &c., * * *. Three books about a disease with nothing medical in them. Everything that concerns the treatment of those laboring under this disease professedly gone into, not a word about medicines! Talk of modern skepticism—the reports of the commissioners and the reports in lunacy are the finest examples of medical skepticism extant; for they don't deny, deride or damn with faint praise,—they simply ignore the whole science and its professors. It may be that this will be better in the long run for the medical treatment of insanity, but it is hard to see it if its practical effect is to encourage asylum doctors to ignore the medical aspects

of patients and sink into a state of lethargic indifference to the unsolved problems in brain pathology, diagnosis and therapeutics, that daily come before them."

Severe as this criticism of English lunacy administration is, it applies with full force to our own methods. We have built upon the same faulty foundations and have reared the same anomalous superstructure. Our popular conceptions of insanity being false, the entire system of treating the insane is defective and unworthy of civilization. We will first notice the predominant ideas which govern the present treatment of the insane in the United States preliminary to a discussion of the reforms which this paper is designed to advocate.

1. When a person is alleged to be insane our laws place him in the category of persons who have been accused of a civil offense. In many of the States the term "The accused" is employed in the statutes when such persons are referred to. This feature of our laws is a relic of the old method of arresting the violent and disturbed insane under the common law of England. This conception of the nature of insanity has been and still is productive of infinite injury to the insane. The legitimate influence of such ideas upon officials who have the first contact with the insane is to render them harsh and even cruel. In many States the insane must appear in court like common criminals, and be subjected to cruelties and abuses which greatly aggravate their diseases.*

2. The same idea predominates in the determination of the question of the existence of insanity. In most of the States medical men perform but a minor part even in the examination of the

*The highest court of Pennsylvania held that, "No man can be deprived of his liberty without the judgment of his peers and it matters not to the law whether the alleged cause of detention is insanity or crime. Unless there is danger to the public, or to the patient or to his estate, he should not be in duress pending the investigation, nor indeed alter its conclusion, though adverse to him." Commonwealth vs. Kirkbride, 2 Brewst., (Pa.)

The following opinion was given by a Massachusetts Court: "The mere fact that a man is insane does not authorize his arrest and confinement without a warrant, if he is not dangerous to himself and others." Look vs. Dean, 108 Mass., 116.

Judge Cooley, of Michigan, holds that, "The law of no free country can tolerate a condition of things under which a person innocent of crime and threatening no injury to himself or to others, can be restrained of his liberty and no person be responsible for the injury he suffers. To admit the pos-

alleged insane person, and in some States they are not even present except by accident. The motive for the enactment of such laws is to conform to the old principle that an accused person must be tried by his peers. Even in those States which require the examination to be made by physicians, the ultimate decision of the question of the existence of insanity falls upon the justice within whose jurisdiction "the accused" resides.

3. Again we have the same idea asserting itself when insanity is found to exist. The physicians have no other voice in deciding as to the destination of the patient than that of recommending, and in many States even that function falls entirely upon the justice before whom the case is brought.

4. There is also prevalent in every community an idea that the insane have certain personal rights which are liable to be taken from them in the act of commitment and during custody. It is suspected that they may not be insane and are spirited away to an asylum for some sinister purpose, such as to obtain property, to prevent the revelation of the crimes of others of which they alone are cognizant, &c. This idea has its origin in the imagination of insane persons who have been confined in asylums. The examination during six years of the ten to fifteen thousand insane in custody in the State of New York did not discover a single case of commitment or detention for the purpose of defrauding the insane, or of depriving them of rights to their harm, and in the interests simply of other parties. And yet during that period I investigated hundreds of cases of alleged conspiracy against the inmates of asylums.

5. The belief that the insane are cruelly treated in asylums is universal. This opinion is based on the occasional instances of the

sibility would be to concede that arbitrary imprisonment under some circumstances is lawful; and that would be to concede that regulated and practical freedom does not exist!" Van Deusen vs. Newcomer, 40 Mich., 90.

These decisions of the higher courts of the States can be greatly multiplied, and with rare exceptions they recognize only the dangerous character of the insane as sanctioning the right of confinement or restraint. In this regard our courts are simply following the common law of England and the precedents of the English courts. It is stated that "By the common law of England it is only a person of unsound mind and dangerous to himself or others that may be restrained of his liberty by another."

"Such is taken to be the law from the case in Br. Abr. down to the last case on the subject." Lord Campbell.

improper treatment of the inmates of asylums made public, and on the statements of the insane who have been in custody. The latter source of information is very unreliable for the insane usually regard every effort to maintain order and discipline in an institution of which they are residents as an abuse of their rights and privileges. Every rule or regulation which in any manner applies to them is taken as an abuse and every personal effort to induce them to bathe, to exercise, to eat, to retire to bed or to rise at a given hour, is reported as an assault. While it cannot be denied that attendants often use more force than is absolutely necessary to effect their purpose, it is, nevertheless, true, that wanton cruelty to the insane in asylums rarely if ever occurs in this country. On the contrary, I have far more often been surprised at the patience of attendants under the most aggravating circumstances, than at the evidences of a disposition to resent the acts of the insane.

6. The belief in the incurability of insanity affects the public and the medical profession alike. The efforts of recent writers to discredit the statistics of recovery made by asylum superintendents has influenced unfavorably the application of remedial measures. There is not indeed in the United States an institution for the insane which has been thoroughly equipped with a view to the absolute cure of all who might be admitted to its wards. All of these establishments are constructed, organized, and managed as asylums, not as hospitals, as custodial and not as curative institutions. The physician visits the "halls" not "wards," in the most apathetic and perfunctory manner. The most recent case attracts little more attention than the old, and in none does he anticipate any immediate change. Time and surroundings are the elements on which he most implicitly relies. How different is the conduct of the physician and assistants who visit the wards of a general hospital! Every new patient is an inspiration which the entire medical staff feels and searching examination is at once made, the precise nature of the disease determined and the exact condition of the diseased organ discovered and recorded. On the basis thus established the treatment is vigorously carried on to the termination of the case. Every day the examination is repeated to learn precisely what progress the disease has made and what change, if any, should be directed in the treatment. In the one case the medical officer is not aiming to cure his patient, but is

anticipating a possible recovery if time and circumstances are favorable; in the other the physician, confident of the cure of his patient in the shortest possible time, is aggressive and attentive to every condition likely to aid him in his heroic struggle.

From the preceding review it is apparent that the insane occupy a false position in our civil administration and thereby do not receive that care and treatment which promotes their highest interest. Though sick people, requiring prompt and skilful treatment, they are treated as offenders against the law, and condemned to a course of custodial care which ministers to their physical comfort but does little directly to restore them to health.

The reform which will place the insane on a proper basis must be radical. The status of the insane must be entirely changed. Every vestige of ancient prejudice and superstition in regard to them must be effaced and a new era begin in the history of lunacy legislation. Even the old and offensive terms "insane" and "lunatics," "insanity" and "lunacy" should be as obsolete in use as they are in meaning.* The new era must be ushered in with

*The following extracts show the various definitions of the term "insane" and "lunatic" in different States:

"The words 'insane person' shall be construed to include every idiot, non-compos and lunatic person." Laws of Delaware.

"The term 'insane' as used in this act includes any species of insanity or mental derangement." Laws of Dakota.

"The words 'insane person' and 'lunatic' shall include every idiot, non-compos, lunatic, and insane person." District Columbia definitions, U. S. Revised Statutes.

"The words 'insane person' include idiots, lunatics, distracted persons and persons of unsound mind." Laws Iowa.

"The words 'insane person' may include an idiotic, non-compos, lunatic or distracted person." Laws Maine, Rhode Island.

"The words 'insane person' and 'lunatic' shall include every idiot, non-compos, lunatic, insane and distracted person." Laws Massachusetts.

"The terms 'insane or insane persons' * * include every species of insanity, and extend to every deranged person, and to all of unsound mind, other than idiots." Laws Michigan, New Jersey, New York.

"The term 'insane' * * includes every species of insanity, but does not include idiocy or imbecility." Laws Minnesota.

"The terms 'insane' and 'lunatic' * * include every species of insanity or mental derangement." Laws Missouri, Nebraska, Ohio.

"The terms 'lunatic,' 'insane,' non-compos mentis, include all persons of unsound mind." Laws Tennessee.

"The word 'lunatic' * * shall be construed to include every insane person who is not an idiot. The words 'insane person' include every one who is an idiot, lunatic, non-compos, or deranged." West Virginia.

The law of Wyoming is quite unique as it defines a person of "sound mind" and not an "insane person," as follows:—"A person shall be considered of sound mind who is neither an idiot nor lunatic, nor affected with insanity, and who hath arrived at the age of fourteen years, or before that age, if such person know the distinction between good and evil."

the universal recognition of the now demonstrated fact that the class of persons hitherto known as "insane," are simply and only sick people; that the alleged rights of the "insane" are the same as the rights of other sick persons, viz., the right to be restored to health, and that to accomplish this one supreme object every other consideration must be subordinated.*

The object of this paper is to advocate and outline a system of State lunacy laws which shall have as its fundamental idea that the insane are persons suffering from cerebral disease, and demand that care and treatment which will most certainly and effectually restore the curable to health and will best promote the well-being and usefulness of the incurable. As a logical necessity it follows that if the insane are simply sick people they should come completely under the jurisdiction and management of the medical profession. From the incipiency of the disease to its termination, the insane person is a patient and in his treatment should be entirely amenable to the restrictions and conditions which the physician may impose as a part of his treatment.

* The following opinions of authorities in different countries are but a few of the many which could be quoted to this effect:

"Insanity, mental alienation, is a cerebral affection, ordinarily chronic, without fever, characterized by disorders of perception, intelligence and the will." Esquirol (French).

"A cerebral affection, idiopathic or sympathetic, destroying the individual's moral liberty, and constituting a derangement of his acts, tendencies and sentiments as well as a general or partial disorder in his ideas." Morel (French).

"Insanity being a disease, and that disease being an affection of the brain, it can therefore only be studied in a proper manner from the medical point of view. The anatomy, physiology, and pathology of the nervous system and the whole range of special pathology and therapeutics, constitutes preliminary knowledge most essential to the medical physiologist. All non-medical * * conceptions of insanity are, as regards its study, of the smallest value." Griesinger (German).

"A chronic disease, free from fever, in which the ideas and the acts are under the control of an irresistible power, a change taking place in the manner of feeling, conceiving, thinking and acting peculiar to the individual, in his character and in his habits." Guislain (Belgian).

"Insanity is a condition in which the intellectual faculties, or the moral sentiments, or the criminal propensities—any one or all of them—have their free action destroyed by disease, whether congenital or acquired. He will not go far wrong if he regard insanity as *a disease of the brain* (*idiopathic or sympathetic*) affecting the integrity of the mind * *." Bucknill and Tuke (English).

"A manifestation of disease of the brain characterized by a general or partial derangement of one or more faculties of the mind and in which, while consciousness is not abolished, mental freedom is weakened, perverted or destroyed." Hammond (American).

The only question which can arise as to the propriety of a complete surrender of the insane to the management of medical men is as to the right of depriving them of their personal liberty without due process of law, or, in other words, without some form of judicial inquiry and sanction. As we have already shown, this relic of ancient jurisprudence has been and still is seriously obstructive of all efforts to elevate the care of the insane and place it on the same basis as that so judiciously and advantageously applied to personal suffering from other diseases. But in an enlightened period and in this republic, so little governed by precedents and by obligations to the civil jurisprudence of the past, we ought to recast our laws in the light of modern ideas, the deductions of scientific inquiry, and the demands of a more enlightened philanthropy. Influenced by these considerations the insane should be placed on the same footing before the law as are persons suffering from other diseases requiring isolation in the interests of both the public and the patients themselves. They should be committed, as is the latter class, entirely to the care and treatment of medical men. From the laws relating to persons suffering from contagious diseases, therefore, we may gather useful hints in modifying our laws relating to the insane. The right of the State to authorize and compel the removal of persons suffering from certain forms of disease to places provided for their care and treatment, and there to detain them for such length of time as is necessary for their recovery, is recognized and more or less stringently enforced in all of the States.* All health authorities are thus empowered to remove and restrain persons suffering from contagious diseases unless they can be so secluded at home that the public welfare is not imperilled. This management of persons having contagious diseases is committed entirely to the discretion of medical men. No trial by jury, nor appearance in court, nor order of a judge, nor even the sworn certificate of a physician, is for obvious reasons, required for their commitment to custody, and yet the same necessity exists, so far as

* An early practice, sanctioned by law, in the case of lepers in England, "directs that such diseased, should be 'seen and diligently examined by certain discreet and lawful men who have the best knowledge of such disease,' and if he be found to be a leper 'then without delay' he is to be carried away, and removed from the communication of his neighbors to a solitary place to dwell there, as the custom is, lest by his common conversation damage or peril should happen to the said men."—*Weightman Med. Practitioner's Legal Guide.*

there is danger that without judicial sanction a person innocent of a contagious disease might be dragged from his home and incarcerated in a pest house, as in the commitment of the insane. It follows that when we change the status of the insane to that of the sick we must take cognizance of the fact that the diseases of the insane are peculiar, and, like contagious diseases, though in a different sense, may require for the public safety the isolation and restraint of those afflicted by it. But in determining the questions as to the nature of the disease, and the special care which each individual person should have, only medical knowledge and experience will avail anything, and hence should be implicitly relied on. The whole process of examination, commitment, treatment in hospitals, and discharge should be entirely medical without any interposition of the courts.

A system of laws designed to give full force and effect to the principle that the insane should be classed with persons suffering from diseases amenable to treatment, should declare explicitly the changed status of the insane and the full intent and purpose of the laws relating to them. The first section might take the following form:

From and after the passage of this act, every person in this State who has been, or who may be, adjudged "insane" or "lunatic" in accordance with laws heretofore or now existing, shall be classified as a sick person and shall be known and designated as a person suffering from a "cerebral disease;" it being the intent and purpose of this act to secure to the so-called insane all of the rights and privileges of the sick compatible with the special form of "cerebral disease" from which they are suffering, and to place them under such care and treatment, and under such conditions as will tend more effectually to restore them to health, or, if incurable, to promote, as far as possible, their personal comfort, good health and usefulness.

In general practice every family has its physician who attends upon all occasions of sickness, and who is, therefore, constantly familiar with the health of its members, and as a consequence is the first to detect the nature of every disease which appears. In the enforcement of health laws against contagious diseases the family physicians or general practitioners are chiefly relied on for the earliest report of the existence of a contagious disease in a

family and also in a community. It is made his duty to report every such case to the health authorities immediately on detecting the nature of the disease. Thereupon a sanitary medical officer forthwith visits the person alleged to be suffering from a contagious disease and confirms or not the diagnosis of the family physician. If it is so confirmed the sanitary officer determines whether the case can be properly cared for and treated at home, and, if not, he directs the sick person to be taken to the proper contagious disease hospital.

A similar provision can be made in the examination and commitment of the insane. For this purpose there should be in every community a class of medical men who are qualified to act promptly as examiners in every case of alleged insanity. These we shall find among the general practitioners, and usually they first recognize the existence of insanity in a family. The plan would be to recognize these physicians in the statute as official medical examiners, and give validity to their certificates, when made in the form prescribed by law. The following section would make this provision:

For the purpose of this act every physician in this State who is of good moral character, a graduate (having a diploma) of a legally chartered medical college and in the actual practice of his profession, shall be a medical examiner, and his certificate made in accordance with the form prescribed in this act shall have full force and effect for ten days subsequent to the examination of the person for whom it is made.

Following out the method of managing contagious diseases the first step in the process of inquiry into the facts relating to an alleged insane person would be to summon a medical examiner, if he is not already the attending physician, to make a personal examination of the patient. The law in many States requires the certificates of two physicians in every case of commitment, but as neither is an expert it would be better to have the certificate of one examiner endorsed or amended by an expert as herein proposed. The medical examiner would very frequently be the attending physician. There is not only no impropriety in allowing the attending physician, if a qualified examiner, to make the first certificate but there is a manifest advantage in this respect, viz., that he is already very familiar with the antecedents of the patient,

and, perhaps, of all the circumstances connected with the development of the disease. This section will make the necessary provision for the examination of the patient:

Whenever any medical examiner certifies that a person is suffering from a disease of the brain, characterized by a general or partial derangement of one or more faculties of the mind (perception, intellect, emotions, will) and in which, while consciousness is not abolished, mental freedom is weakened, perverted, or destroyed, and that for his recovery, or the safety of himself and others, he should be placed under the care, treatment, and control of the superintendent of an asylum he shall as soon as practicable transmit said certificate to the superintendent of the asylum to which said person is to be removed.*

In private practice it is customary when a physician has a patient whom he is desirous of sending to a hospital to notify the hospital authorities of the fact, with the name and residence of the patient, in order that a physician of the hospital may visit the patient and examine as to the nature of the disease, the propriety of admitting him to the wards and attending to his removal. The same method should be pursued in the case of the commitment of the insane. There are three important reasons for this provision in the law. 1. An expert in the diagnosis of insanity is brought in to review the opinion of the examiner and confirm it or set it aside. This action gives triple security against the possibility of error or fraud. 2. Having large and immediate experience as to the special necessities in the care and treatment of all forms of insanity, this expert can better determine the conditions under which the individual case should be treated, viz., whether at home, in a family, or in an asylum. 3. It is of the utmost importance that the insane should be removed to an asylum by an officer of the institution, rather than by friends, or a local officer as a constable or a policeman. One of the greatest sources of cruelty to the insane is their removal to an asylum by friends, or rude or coarse town or city officials. By this arrangement the patient, whether timid, feeble and excited, or resentful and resisting would be placed, in the quiet of his home, in charge of an officer and his assistant skilled in the management of all

* Hammond's definition of insanity is selected because he is an American authority.

classes of insane, and the transfer would be made without any disturbing incidents.

Two features of this plan will be contested. First, it will be maintained that the medical attendant should have no part or authority in the proceedings lest he may be in the conspiracy of the relatives or friends of the patient to secure the commitment of a sane person to an asylum. This reflection upon the integrity of medical men is refuted by the daily experience of every one who has the care of the insane, and only needs to be mentioned to be emphatically denied in every medical circle. Second, there is a prejudice against allowing a physician having any official connection with an asylum to take any part in the commitment of the insane to that institution. The assertion is made that medical officers are so liable to be influenced by their great desire to have their asylum full of patients that they might connive at committing sane people. This assertion is as baseless as the former, and has not a particle of evidence to sustain it. On the contrary in general practice the medical officer sent out from the hospital very often does not favor sending the patient to whom he is sent to his hospital. We are certain that, in the scheme which we are unfolding, the asylum medical officer, sent out to verify the diagnosis, and sanction the recommendations of the medical examiner, will prove to be the most valuable aid in determining the question as to the destination of the patient and in his removal to the asylum. We propose the following section:

Whenever the superintendent for the time being of any asylum receives the certificate of a medical examiner as provided in the last section, he shall forthwith send a medical officer, with an attendant of the same sex as the patient, who shall without delay proceed to the residence of the person for whom the certificate is made and personally examine him apart from the medical examiner; he shall have power to administer oaths in this examination, to subpœna witnesses, and to take further testimony; if he verify the correctness of the certificate of the medical examiner, and endorse the same in writing, the certificate so verified shall be his warrant for the removal of the patient to the asylum and his detention therein for one day.

On the arrival of a patient at an asylum he or she should be examined by one of the physicians as soon as possible with a

view to the approval of the certificate. This section would be necessary:

As soon as possible, and within twenty-four hours, after the arrival of the patient at the asylum, one of the physicians shall examine him for the purpose of determining the correctness of the certificate, and if he approve it he shall do so in writing, and the certificate so approved and endorsed by the superintendent shall be the warrant for detaining the patient in the asylum until discharged as hereinafter provided. The certificate so approved and endorsed shall be filed in the asylum, and a copy shall be forwarded to the committee on lunacy of the State Board of Charities, within one week of the admission of the patient, by the superintendent.

The scheme which has thus far been developed would secure to the insane a quiet examination at his home by the medical examiner, probably his medical attendant; the verification of the certificate of this examination, with little delay and no disturbance, by an expert physician from the asylum; his removal from home to the asylum by the same physician and his attendant with the least possible excitement. But at the threshold of the asylum he encounters his evil genius in its most unquestionable form. Though he has thus far escaped being regarded and treated as a criminal he enters an institution for the treatment of a disease of the brain in the construction and management of which the leading thought evidently was to create a custodial rather than a curative establishment. The colossal stone or brick buildings, the massive architecture, the long and monotonous halls, the grated windows, the aggregation of patients, are all frightfully suggestive of a prison to the victim of brain disease. And it is true that in the reception of patients, and in the general arrangements for their care and treatment, the prison rather than the hospital methods are the leading features.

It is idle to anticipate any adequate reform in our care and treatment of the insane without a radical change both in the construction and management of the institutions to which they are committed. They must be made primarily curative, and secondarily custodial, in their appointments. In the older States, with their costly asylums, this reform, carried to its complete realization, might prove impracticable, but in the new States, about to create a system of lunacy administration, the hospital idea could

be readily adopted and perfected. In the older States much can be done to realize the proposed reform if an effort is properly made in the construction of new asylums and, as far as possible, in the arrangement of existing asylums, to secure to the curable cases every condition necessary to recovery, and to the more prolonged or chronic cases, every condition necessary to health, comfort and usefulness. For this purpose the future asylums should be organized nearly on the basis of a general hospital, viz.: (1) the classification of patients according to their sexes; (2) according to their diseases; (3) according to the stage of their diseases; (4) a department for convalescents, and (5) for incurables. The asylum thus organized would require ample grounds and each division should have buildings adapted to the wants of the patients. The entire establishment in the construction and arrangement of its buildings could have the appearance of a village with its tasteful and isolated residences; its church, schools, and places of amusement; its varied industries; and its outlying gardens and farms. Such an asylum will be complete only when the multiplication of the divisions of its service is so extended that every patient, whether curable or incurable, will find a place precisely adapted to secure to him the highest degree of physical and mental health, and the largest measure of usefulness in industrial pursuits. Although the details of construction and organization would be according to no fixed plans, and each new asylum would vary from the general type, yet the main feature should be embodied in the statute in order to guard effectually against the extravagance of architects and builders. This section at least might be useful:

Every asylum hereafter established in this State shall have an amount of land of not less than one acre to each patient, either in a single or in separate plots. The service of every asylum shall have the following among other divisions, viz., (1) for men; (2) for women; (3) for acute diseases; (4) for convalescents; (5) for incurables. These several divisions shall be so separated and located as to give the largest possible opportunity for subdivisions of the divisions into groups according to the necessities of patients. In the location and plans of buildings, due regard must be had to the requirements of the patients in each division and subdivision, and as far as practicable the buildings shall be cottages not exceeding two stories in height, and accommodating not to exceed thirty

patients in each ; the total cost of all structures shall not exceed $500 per patient. It is the intent and purpose of this section of the act to organize the asylum so as to create a community, replete with home-life, and that in the divisions of the service, in the location and plans of buildings, and in their construction there shall be such ample provision for the classification of patients according to their sexes, and the stage and peculiarities of their diseases, that each may have that personal care and treatment necessary for his recovery, and that there may be only that association of patients with each other essential to their comfort and improvement.

To meet these changed conditions the medical staff must be organized on a somewhat different basis from that now existing. There must be a superintendent who should be a thoroughly equipped medical officer, qualified by education and experience to preside over the entire establishment. There should be attending physicians, not less than one to each one hundred patients in the curative divison of the institution whose duty should be the medical care and treatment of each case from the arrival of the patient to the termination of the disease. Finally the immediate care of the patient in carrying out the treatment should be intrusted to first and second assistant physicians, one of each to every one hundred acute cases. These latter physicians should be recent graduates from the colleges, having a service of six months in each grade, with salaries sufficient to attract the best class men.

The following section would define the construction of the medical staff.

The medical staff shall consist of a superintendent, attending physicians, and first and second assistant physicians, each one of whom shall be a graduate of a chartered medical college and of a good moral character. The superintendent shall have had experience in the management of similar institutions and shall be appointed by the board of trustees; the attending physicians shall have had at least one year's experience in asylum practice and shall be appointed by the superintendent with the consent of the board; the first and second assistant physicians shall be recent graduates of medical colleges and shall be appointed in like manner as the physicians. The superintendent shall have entire charge of the asylum subject to the rules and regulations of the board; the physicians shall have entire supervision of the medical care

and treatment of the patients under the direction of the superintendent; the first and second assistant physicians shall have the care and treatment of the patients in the wards under the direction of the physicians, and shall, when directed by the superintendent, visit and accompany to the asylum any person of whom the superintendent has been notified by a medical examiner as heretofore provided.

In the new States we propose the full development of the general hospital plan of organization for the insane. This would involve the establishment of the following departments:

1. *The reception ward or hospital* is intended for the examination of patients before they are sent to the wards for treatment. The physician is enabled in this service to determine the special nature of the disease of the patient on entering, and thus to send him at once to that ward where he will have appropriate treatment. Important as is the reception hospital or ward of a general hospital, it is far more useful in a hospital for the insane for the reason that in large numbers of cases admitted it is impossible to determine on a single examination what the nature of the cerebral affection is and whether, indeed, in many cases insanity really exists. Time, therefore, for accurate observation and repeated examinations may be required before the real condition of the patient can be determined. While a small building, or even a ward of the hospital, may afford accommodation for the reception branch of a general hospital, a hospital for the insane would require a larger and more varied structure. It should have several apartments so separated that the inmates are not brought in contact, and all its appointments, external and internal, should be suggestive to the person who enters it of a quiet, orderly home. The physicians to this hospital should be the attending physicians to the main hospital.

2. *The hospital for acute diseases*, having due regard to sanitary conditions, is always conveniently located for the attendance of competent practising physicians. Hence they are placed in the salubrious quarters of the suburbs of cities and large villages. So we must locate hospitals for the insane if we fully develop a scheme of treating them as sick people. Every large city would have its well appointed hospital, and smaller communities their cottage hospital, for the insane.

The construction, arrangement and equipment of these hospitals would differ from general hospitals only as special hospitals are modified to meet the wants of the special diseases treated in them. Doubtless the feature in the treatment of all shades of insanity in the acute form which most deserves attention, and which is now most neglected, is that *individualism* in care, so much insisted upon by Conolly, and which can only be secured by the isolation of each patient from other insane persons, and the constant attention of one or more thoroughly competent attendants. In this manner also medical treatment can be made to accomplish infinitely better results for there could be that precision in the administration of remedies and careful observation of effects essential to their successful employment. Far more successful also would be those accessories to the mental health of the insane due to pleasant surroundings, diverting scenes, reading, and conversation, due to the kindly and timely offices and influences of qualified companion-attendants. The hospital for the acute insane should, therefore, have ample accommodations for the individual care and treatment of patients. A group of assorted cottages, each adapted to the condition and necessities of patients suffering from different forms of insanity, would be better than a single large structure; and lawns, groves, walks and drives would be better than wards and halls.

The organization of the management need not differ from the general hospital. There may be a resident physician whose duty it is to exercise a general direction of the affairs of the institution, but usually he has only supervisory power over the medical treatment of the patients. This latter duty would devolve entirely upon the visiting staff, which is composed of physicians actively engaged in practice. The immediate medical care of the patients in the wards should devolve upon a resident staff of young physicians who are recent graduates, and who have a fixed term of service. A corps of trained attendants would complete the medical organization.

3. *The convalescent department* of the general hospital is located in the country, and a convenient place is selected which is specially adapted to the rapid and complete recovery of the patients. It is under the same general management as the hospital, and has its own resident medical staff and corps of attend-

ants. In like manner the hospital for the insane should have its convalescent department located and equipped for the early and complete restoration of all who are transferred to it. Its peculiarities would be, ample lands for diversified exercise and employment, rural sights and rural sounds to charm and delight the senses; cottage dwellings as various and isolated as appear in the neighboring village; groves, forests, landscape, river, and lake.

4. *The home for incurables* is organized so as to provide for the comfort and usefulness of the inmates. Such an institution for the insane might well be a part of the convalescent department, but so separated that there would be no necessary commingling of patients. The arrangements for a colony, on productive farm lands, with its varied industries, schools, churches and other conditions of a rural community, would be the distinguishing feature of this branch of the service.

The plan of organizing institutions for the treatment of the insane above outlined differs so essentially from that now followed that the innovation will, doubtless, be regarded as impracticable even in new States. But the question may well be asked: If centuries of treatment of insanity by the present method has resulted in the cure of scarcely one-third of the patients, is it not time to consider the propriety of adopting those methods of treating the insane which are so successful in the cure of other diseases? It is certain that there would be many positive advantages. 1. The hospitals for the acute insane would be near the homes of the relatives of the insane. This fact would lead to early treatment, which is of the greatest importance. 2. The hospitals would be small, as they would be entirely devoted to the acutely insane. There would thus be more *individualism* of patients which would prove of the greatest importance in treatment. 3. The medical care of the patients would be confided to physicians who are compelled, by the requirements of their daily duties in practice, to be thoroughly familiar, not only with the most recent teachings of science in their specialty, but with the practical application of all newly discovered facts and remedies. 4. Not less important is the selection of a resident staff from the recent graduates, and giving to its members a limited term of service. A constant succession of the ablest graduates thus pass through the hospital, giving to the service that activity and energy

which such young practitioners always bring from the schools, and carrying with them into their professional lives a practical knowledge of insanity, and creating an intimate relation between the profession at large and hospitals for the insane. 5. Finally, hospitals thus situated and organized would be far less liable to be objects of suspicion by the communities in which they are located, for the leading medical men of the vicinity would be officially responsible for the care of the inmates and the general management. The hospital would also be accessible to the public under the same rules that govern general hospitals.

The discharge of patients from a hospital for the insane should be in principle the same as from general hospitals. Each patient discharged should either be recovered, or in such state, that neither the patient, nor the public will be injured or endangered by his freedom. The attending physician is the most competent to decide the question of discharge, and his written decision, approved by the superintendent, should be required. If the patient prove incurable, the attending physician, with the approval of the superintendent, should determine whether the patient should be discharged to his friends, or transferred to the Home.

It is important, finally, that there should be competent State supervision by qualified and responsible officers. In most of the States that supervision will best be secured through State Boards of Charities. These Boards have long had general powers of visitation, and investigation of the public charities, and hence are qualified for the duties here contemplated. The best example of an organization of a State Board of Charities for work in this field is found in Pennsylvania where a committee of the board is especially organized for that duty. The following are the provisions of the law creating the committee:

*There shall be three additional members added to the board of public charities, one of whom shall be a member of the bar of at least ten years' standing, and one a practicing physician of at least ten years' standing. * * * The board shall appoint a committee of five to act as a committee on lunacy. The two professional members appointed under this act shall be members of that committee; and three shall constitute a quorum.*

This committee should be required to make thorough inspections of all asylums, public or private, sufficiently frequent to be con-

stantly familiar with all of their operations. They should receive copies of all papers of commitment to the asylums and keep them on file and on each visit the medical and legal members should personally examine all patients admitted since the last visit. The committee should have supervisory powers chiefly, but should be able to correct abuses by a summary process. Its annual report should make a complete exhibit of the operations of all of the asylums of the State and their condition, with recommendations for their improvement.

We have thus sketched in outline some of the leading features of a reform in the care and treatment of the insane the importance of which was more and more impressed upon me during the period of my official visitation of the asylums of the State of New York. The sketch is of course very imperfect in detail and can only be elaborated into a system of laws by the skilled hand of the legislator. The paper is, however, submitted in its present form, in the hope that it may contain suggestions which will lead to a profitable discussion.

A CASE OF INSANITY CONSECUTIVE TO OVAROSALPINGECTOMY.*

BY DR. E. RÉGIS,
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Little attention has been given in France up to the present, to the surgical treatment of insanity, and I believe that the ablation of the ovaries has never been practiced there on insane females for a therapeutic end. It is different in other countries, especially in the United States, where oöphorectomy has attained considerable extension in the asylums. In any case the question of the ablation of the ovaries as a curative measure in psychoses has become to our American confrères a living question and almost an irritating question, if we can judge from the perusal of the January number of the AMERICAN JOURNAL OF INSANITY, which contains a series of notes and very suggestive documents on the subject. If I am not mistaken, the majority of the alienists of the country are inclined to deny any favorable influence on the mental condition from the operation, and some of them do not hesitate to consider it as an inexcusable, inhuman, and illegal mutilation. This is notably the opinion of Dr. Thomas G. Morton, surgeon of the Pennsylvania Hospital and president of the Committee on Lunacy of the Board of Public Charities of Pennsylvania, and also that of Thomas W. Barlow, legal member of the Committee. Both of these condemn therapeutic ovariotomy in the insane as an illegal and unjustifiable action, that renders the operators liable to criminal prosecution when performed in cases where it was not required for the purpose of saving life. Thus, as the editor of the interesting *American Medical Review* very justly remarks, we have here at once a medical question or one of treatment, and a legal one or one of professional deontology. I will say nothing of this latter, which evidently will vary according to the country and the environment, and will limit myself to saying that in France, where the physicians are before all amenable to their consciences, if an alienist, after having taken the best advice by consultation, and obtained the consent of friends,

*Read at the International Congress of Charities, Correction and Philanthropy (Section IV; on the Commitment, Detention, Care and Treatment of the Insane), Chicago, Ill., June 12-18, 1893.

having, in short, surrounded himself with all needful guarantees, should decide upon any operation whatever on one of the patients under his care, it is probable that the administrative or judicial authorities would protect him, at least from formal abuse. Still it is well to remark here that our temperament, in spite of legends more or less justified, guards us to a certain extent against the tendencies to surgery *à outrance*, and that with us the Inspectors General have never exercised their authority, as in America, to prevent asylum physicians from operative experimentation upon or mutilation of their patients.

The important side of the question, and that which is before all others, is its medical side, that is to say, the point of knowing what will be the effect, in any particular case, of the removal of the ovaries and tubes on the mental condition of an insane woman. Here, only the facts can give an answer. But, at the present time, these facts are too few and not sufficiently positive to allow us to draw any conclusion whatever, and we find ourselves provisionally in the presence of two absolutely contradictory opinions: (1) On the one hand, that of Dr. Alice Bennett, in charge of the female department of the Norristown Asylum, who has obtained, out of six cases of ablation of the annexes by abdominal section, three cases of cure, physical and mental; one case of cure of physical trouble with very marked amelioration of the mental condition and probability of future recovery; in one case of epilepsy of puerperal origin, the cure of the convulsions without corresponding mental improvement; and, finally, one case of death from peritonitis six days after the operation; (2) on the other hand, the opinion of Dr. Thomas G. Morton, who holds that oöphorectomy is not only incapable of any good effects in a pre-existing psychic disorder, but also that it may itself, in predisposed individuals, cause neuroses and even insanity. I recall, in this connection, that at the session of the Société Médicale des Hopitaux, Paris, November 18th, 1892, Professor Debove reported a case of hysteria developed in an ovariotomized female, and that in the discussion that followed, M. Desnos declared that he had seen two cases of mental derangement following oöphorectomy. It seems, therefore, that the surgical ablation of the ovaries in the female is a two-edged weapon, acting good or ill according to the case, restoring some to reason and causing insanity in others.

I have never myself performed or witnessed the operation of

ovariotomy for a therapeutic end, either mental or simply surgical, in the insane, and consequently am unable to dispute its possible results as affecting the progress of mental disease. On the other hand, I owe to the kindness of my distinguished confrère and friend, Dr. Loumeau, the opportunity of recently observing a very interesting case of insanity following the removal of the ovaries and tubes. Although the patient in question is still under observation and treatment, I can now and for this Congress give a statement of her case as follows:

Observation.

Madam X...., Jewess, aged 39, is a person of average intelligence, but of strong good-sense; is well developed physically, and has a rather remote collateral heredity of mental alienation. Her father died at 68, from grief caused by the accidental death of one of his sons. One of her sisters died of a cancerous disease of the uterus at 38. She has herself had no serious diseases and presents no signs of alcoholism or syphilis. Married at the age of 19, she had first, three miscarriages, and then two children, both living and in good health.

As a result of a former miscarriage, nine years since, she began to have trouble with her sexual organs. Here I leave the description of the case to Dr. Loumeau, whose words I adopt literally in the surgical history of this interesting case:

"The patient had suffered since that period from dysmenorrhœa, abdominal pains, and multiple peritonitis, and had been treated on numerous occasions by cauterization of the os uteri. I saw her for the first time in April, 1890. She was then unable to walk or even to stand erect. Her abdomen was voluminous, bloated, and painful. By vaginal touch there was perceived a warm peri-uterine swelling sensitive to pressure. By rectal touch there was found a retro-uterine tumor protruding into the rectum, the lumen of which it sometimes completely obliterated, painful, pulsatile and fluctuating, and causing rectal tenesmus and a flow of glairy sanguinolent fluid from the anus.

"For thirty months there was prescribed absolute dorsal decubitus, hot intravaginal injections, vaginal dressings, frequent baths, repeated vesication of the abdomen, but intra-uterine treatment was an impossibility on account of an irreducible retroflexion. In October, 1892, the abdomen was flat

and soft throughout, except above the pubis and in the iliac region where there persisted a painful swelling. The patient intelligent, trustful, and docile anticipated with pleasure the operation proposed to her as a chance of recovery.

"*Operation.*—Laparotomy, performed October 20, 1892, with the aid of MM. Monod, surgeon of the Hospital, and Duclos, *externe*. Prior catheterization of the bladder with withdrawal of thirty grams of limpid urine. Median incision of the abdominal wall of four fingers in length; peritoneal adhesions uniting the abdominal wall to the uterus and forming a thick tissue formation that had to be dissected and removed in order to reach the anterior base of the uterus and the annexes. Total ablation of the ovaries and tubes, anterior hysteropexia by Leopolds' method. Walls sutured and dressed. Catheterization with a glass tube, after closure of the wound, produced only a few drops of blood which led to the suspicion of a wound of the bladder that had passed unperceived during the operation. Immediate re-opening of the abdomen. I found that a large flap had been taken from the bladder, corresponding to the free portion of the reservoir. There remained only the portion adherent to the uterus and and the vagina, and it was impossible to make a sufficient cavity by suturing the parts remaining. I sewed the peritoneum above to that which remained of the bladder, in such a way as to form a pouch closed on all sides in which I marsupialized the vesical stump, to the abdominal wall. Then I inserted the Perier-Guyon tubes as after a classic hypogastric section. Total duration of the operation, one and a half hours; chloroform used, one hundred grams.

"*Examination of the Removed Organs.*—Tubes and ovaries increased in size, congested, but showing no cyst, abscess, or blood extravasations. On section the ovaries showed a series of little whitish points that had the appearance of tubercles. The histological examination, entrusted to the professor of pathological anatomy of the faculty has not yet been made.

Results.—Very simple. The temperature never exceeded 37.5 (C). All the sutures were removed November 3d, also the hypogastric tubes, and I inserted a fixed Malicot sound into the bladder through the urethra. The cicatrization was complete above the pubis, by December 15th. Micturition took place normally by the urethra, but not more frequently than before the operation,

according to the statement of the patient, since for a long time, she added, she was obliged to be constantly urinating, and could get away only a few drops each time, a fact to which she had not previously called my attention. This pre-operatory frequency of micturition is readily explained by the diminutions of the capacity of the bladder due to the adhesions which had fastened the organ to the abdominal wall and the anterior face of the uterus.

"The menses never reappeared after the operation, and the uterus retained its normal position insured by the hysteropexia. Sexual desire lost, absolute frigidity. Abdomen lax and soft. The patient could walk without feeling the least fatigue. At present, May 27, 1893, micturition occurs on an average about once every three hours, the bladder can tolerate about 360 grains of liquid, which seems extraordinary considering the small amount of material that served for the repair of the visical reservoir."

Such in a surgical point of view, is the history of M. Loumeau's case, which he proposes to make the subject of a special paper in which full details will be reported, on account of its numerous points of interest. We will now turn to its mental aspects.

On the 28th of October, 1892, eight days after the operation, Madam X...., who had not seemed in any way abnormal so far, was taken rather suddenly with mental disturbances that first appeared in the resemblance of a toxic delirium characterized by hallucinations of a terrifying nature. She saw Beharzin in his bed, she saw death heads, and spectres, and believed that various persons, notably the physicians who had attended her were hidden behind the curtains or in the chimney. After some days these symptoms disappeared, but the mental disorder in changing became more serious and the patient progressively passed into a sort of mental confusion and intellectual and physical torpor with melancholic delusions and hallucinations. She imagined that she had evil ideas, that she thought and said evil things, without desire or power to do otherwise. If she thought of any one, or any one spoke before her of any acquaintance or friend, or if she simply perceived any one, even for the first time, immediately some malevolent suggestion in regard to them would arise in her mind. Even if any one addressed her or even spoke in her hearing some words pronounced became fixed in her mind and gave rise against her will to an automatic current of reflexions of the same nature. This distresses her to the utmost, the more since she pro-

tests that she has always been an honorable woman, incapable of the least evil speaking or action. Under the influence of her mortification at being the plaything of reprehensible ideas against which she strives vainly, she has ceased all work, lost her appetite and sleep, and almost desires death; in short she has fallen into a state of true melancholia, but always preserving nevertheless a certain degree of consciousness of herself and lucidity. Occasionally she is excited and restless, falls into fits of abusive anger and strikes her children and abuses herself, beating her head and crying out: "What is that you say?" "What are you thinking of?" "It is shocking." Again she stays for hours inert and passive, on her chair, as if absorbed in thought. This mental condition is gradually becoming worse, and the first time I saw the patient, March 14, 1893, I found her distracted, semi-stupid, hardly replying to any one, acting as if she were a stranger to those about her, and solely occupied in her own thoughts. Examining her closely I found that she did not really utter the compromising words as she believed she did, but that she formed them internally in a purely mental language. There was in her case the first degree of those psycho-motor verbal hallucinations so well described by M. Séglas in a recent series of papers. When, in fact, the idea of any of these malevolent or insulting suggestions occurs, with which she reproaches herself, the stimulation of the cortical centre for speech that accompanies it is such that the suggestion tends to reproduce itself in articulate form, that is to say in a moral hallucination; but the articulation here does not pass the first stage, namely, its purely internal formulation, while in many cases it goes, as we are aware, as far as to the external but silent productions of the movements of speech, and occasionally even as far as to their audible utterance (verbal impulsions). The patient has at the same time some psycho-sensorial auditory hallucinations. She hears whispers, coming either from the floor above or from outside, but these confused and not readily appreciable voices are very far from having with her the same importance as the internal voices, the psycho-motor hallucinations. These really represent the predominant element of her insanity, the object of her constant thoughts, and these keep her in a permanent state of melancholy, destruction and fear. At certain times she goes, as we have seen, so far as to beat her head to prevent the evil thought, and she has arrested her breathing by

puffing out her abdomen and closing her lips in the effort to choke off this internal mental echo that is so painful to her. She is made to eat with difficulty, and struggles against going to meals; she is constipated and sleepless.

It was in this state that I found Madam X..... If her mental disorder was of some interest by itself, this was greatly increased by the fact of its special origin. While recognizing the large part played by heredity as a predisposing cause, it is evident that what was really the immediate cause of the disorder was the surgical operation by complex action of the physico-moral traumatism, the anæsthetic agent, and principally perhaps through the biological modifications brought about in the organism by the suppression of such important organs as the ovaries, such as those we know take place after ablation of the thyroid. Therefore it occurred to M. Loumeau and myself, that, as there were no contra-indications, it might be advantageous to try in this patient the effect of subcutaneous injections of ovarian extract, as a number of times the injection of thyroid extract had been employed with success in myxœdema, either spontaneous or operative. In order to avail ourselves of this mode of treatment, with all desirable guarantees, we called in the kind assistance of Dr. Ferré, professor of experimental medicine of the medical faculty, who took on himself the preparation of the ovarian liquid with the carbonic pressure filter of Arsonval, and of practicing the injections under the most strict antiseptic conditions.

The injections, commenced April 5th, have been continued daily, and we may say without interruption up to the present, given in the dorsal region in doses varying between $\frac{1}{2}$ and $2\frac{1}{2}$ cubic centimetres of a 10 per cent. solution; they have never been followed by painful symptoms or any injurious local or general reaction. I offer here, almost in his own words, the detailed notes that my excellent friend Professor Ferré has communicated to me as he made them from day to day:

"April 5, 1893, injection in the intra scapular region of $\frac{1}{2}$ c. c. of ovarian extract from a sow, 10 per cent. strength, prepared according to the directions of Brown-Sequard and Arsonval, filtered under a carbonic acid pressure of 56 atmospheres.

April 6: Injection of $\frac{3}{4}$ c. c. April 7: Injection of 1 c. c., no accident, fever, cephalalgia, or pain in the ovarian region. April 8: Injection of 1 c. c. The patient begins to show interest

in her affairs. Less rudeness and fits of anger, melancholia decreased. She occupies herself with her children. The obsession ideas unchanged. April 9: No injection. April 10: 1 c. c. The patient occupies herself more. The obsessions seem a little less intense, she corrects them herself. April 11 and 12, 1 c. c. Madam X...., who is a piano teacher, has begun her lessons again and they seem to interest her. While she still has them, she is not so much absorbed in her delusive conceptions; still has fits of anger. She proposed to her daughter to give her a piano lesson, a thing she had not done for a long time. She goes to the table willingly and takes part in conversation there, and gives sensible directions in her housekeeping. The delusions are persistent. April 13, 14, 15, 1 c. c. Condition unchanged. April 16 and 17: No injection. April 18: Injection of 1 c. c. The improvement is maintained in spite of the omission of the injections for the two preceding days.

April 19 and 20, to May 3. Injection of 1 c. c. of liquid each day. The physical health, the mood, and the general disposition continued to be modified for the better.

May 3. Patient has been more excited. Was given an injection of 1½ c. c. May 4, 5 and 6, 2 c. c., excitement diminished.

May 7 to 18. The injections are pushed to 2 c. c. The improvement persists and increases in all respects, except as regards the psycho-motor hallucinations, which seem only slightly reduced in intensity. An attack of excitement was even produced on the 18th, and the injections were therefore reduced to 1 c. c. on the 20th. May 21 and 22. No injection.

May 23. Injection of 1½ c. c. Since the 20th the patient has not appeared so well, seems more disturbed.

May 24. Injection of 1½ c. c. more calm. May 25, 26, and 27. Injection 1½ c. c. of liquid. Improvement continues and increases.

En résumé, under the influence of the treatment, the daily excitement of the patient has to a large extent, been relieved. She has taken up her professional occupations with pleasure, she attends to her household affairs, is interested in her family, her strength seems to have increased; only her delusions and hallucinations, though diminished in intensity and frequency, are still very marked."

My personal observation of the evolution of the mental condition of Madam X...., whom I have regularly watched during the whole

duration of the treatment agree with those of Professor Ferré. It is certain that a very notable amelioration has been produced, and that this improvement involves all the nervous and organic functions, and, likewise, extends to the intellectual and affective faculties which were before, so to speak, annihilated; they act at present in a correct, regular and normal fashion. The obsessions and the hallucinations themselves are less absorbing and have a less systematized character, as the patient shows by saying "that she is more right," and "that she is able now to think of other things. Her husband and her maid also find her much improved." Before, they say, there was no living with her, she was so insupportable. She raced from one room to another crying out "Mon Dieu, Mon Dieu," she had fits of passion, beat the children and made scenes in the street. Now she is quiet, eats well, occupies herself in her lessons without being distracted, manifests affection for her family, in short, is much more peaceable and reasonable, and had two excellent days (Tuesday and Wednesday) during the past week. Nevertheless, she is always much troubled with suggestions of evil thoughts and, not knowing whence they come, she lays them to her maid and the neighbors whom she abuses occasionally in a rather coarse way. This is the dark spot in the case, since the persistence to such an extent of these morbid symptoms does not permit us to affirm, notwithstanding the great improvement in all other respects, the possibility of complete recovery. The patient will be watched, however, till the outcome of the disorder is definitely established.

Summing up; whatever may be the final issue of the present state of affairs, the case offers none the less, in a mental point of view, numerous peculiarities worthy of attention, the chief of which are:

(1) The outbreak of insanity in a predisposed individual as a result of the surgical ablation of the ovaries and tubes.

(2) The nature of the treatment employed, and which consisted almost exclusively of the daily injection of ovarian extract, in the dose of $\frac{1}{2}$ to $2\frac{1}{2}$ cubic centigrams of a 10 per cent. solution, and which, while absolutely harmless in spite of its duration, has caused such relatively favorable results, both physical and mental.

THE FUTURE OF ASYLUM SERVICE.*

BY A. CAMPBELL CLARK, M. D.,
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Reform is always in the air—the spirit of unrest is always abroad, and we pin our faith to the old shibboleth "a change for the better"—a faith which is "the substance of things hoped for, the evidence of things not seen." Faith and Hope are the abiding well-springs which keep the energy of reform alive and patient and persevering, and the history of our asylum service abundantly proves it. We have been waiting and working for years, and as faith without works is dead, I take this opportunity, so graciously afforded me, to address this representative Congress on certain matters of practical and vital interest to the success of asylum management and treatment. These refer to asylum service, the machinery of asylum administration. It is not my purpose to deal with the prime levers of this machinery, the central or state executive, the local boards, or even the principal officers. These might well be discussed without going much beyond the mark, but the machinery which really drives the asylum routine is chiefly located in the lower official strata, and to this I beg your brief attention. The attendant and nursing staff constitute our fundamental reliance in the work of asylums. They are to asylums what the engineer and signal man are to our railway system, and the best executive, the most competent superintendent, is nothing without them. They are the custodians of lives, the vital circumstances, for weal or woe, of our patients; and we have to reckon up this human equation of factors and results.

Asylum medicine is not dealt out by pills and potions alone. We are told that mind and body act and react on each other. That is true; but in this age of cast-iron materialism on the one hand and speculative psychology on the other, we are apt to lose sight of the prosaic fact that minds act and react on each other. Even the benighted subjects of mental disease have glimmerings of consciousness, and are receptive of impressions and influences from

* Read at the International Congress of Charities, Correction and Philanthropy, (Sect. IV; on the Commitment, Detention, Care and Treatment of the Insane), Chicago, Ill., June 12-18, 1893.

minds stronger and clearer than their own, and from the surroundings which these minds create for them. Asylum wards are all the time the scene of a mental conflict, the grinding wear and tear of the insane mind on the sane, and the influence, good, bad and indifferent, of the sane on the insane. Mental or physical breakdown is not uncommon in our attendants and nurses,—they are weak in numbers, and strain tells. On the other hand, their influence can never be fully and accurately estimated—they are the effective machinery of discipline and routine, but how can we calculate the effect of this on individual patients? Discipline and routine are good things where the higher faculties of mind are perverted or suspended; but our purpose now is to demonstrate the importance of personal influence on individual minds. Discipline and routine have become fixtures of old standing in our asylums; but the application of mind to mind, the focusing of individual cases, the recognition of each personal identity in the asylum wards, constitute the rational scientific basis of medical treatment.

The question now comes. Is this object attained? My answer is No, but we are driving towards it. The identity of some patients is lost in a negative existence—they may be driven like sheep, but the identity of others is so pronounced that they force themselves on your attention. It is easier to individualise such cases, for there is something to go on. As a matter of fact, attendants do individualise some cases without prompting: but the majority are treated *en masse*. To individualise seems hopeless wear and tear of body and mind in many instances, but good attendants teach us the lesson not to despair, and wonderful recoveries are recorded from time to time after years of asylum hopelessness. I take it, therefore, that we should overhaul our machinery, and see whether our nursing staff cannot generate in greater measure curative magnetism of mind on mind, a keener faculty of observation, and a higher sense of responsibility for the care and cure of the insane.

This brings me to the question of the material of asylum service, the problem of efficient mental nursing. Physique was the paramount idea in the past, an idea by no means disparaged to-day, but no longer paramount. Moral worth, intelligence, education, training are factors of the highest importance to-day, and the *personnel* of our nursing staff is perceptibly changing for the

better. It appears to me, however, that this process of evolution should be carefully scrutinised at the present time, that prolific offshoots in certain directions should be judiciously pruned, and that we should not be too much carried away by appearances. The time will come when those who have not moved with the times, and some who have, will put such pertinent questions as these: What are the fruits of this new order of things? Are your recoveries more, your accidents, escapes and deaths less? Is the general well-being of the insane improved? Are the amenities of asylum life increased? You will observe that I say nothing about reduced appropriations and rates—that should be the last consideration, provided honest reform in asylum service is achieved. I say, then, that these questions will come to the front sooner or later, and no æsthetic show of sweet girl graduates, no mere parade of training school results will satisfy our level-headed citizens. "By their fruits ye shall know them".

If it be granted that results may be improved, it may be accepted also that this necessitates a revision of the methods from which these results accrue, and this, of course, includes the backbone of the whole thing, our nursing staff and its work. What reform is here possible? or, to state it differently, where are the defects in the nursing staff and its work? My argument may briefly be outlined as follows: A. The defects of our nursing staff are threefold: defects of (a) quantity, (b) quality, and (c) organisation. B. The defects of Nursing Work are the natural result of the foregoing, but they are also due to (a) large wards, (b) lack of personally conducted coöperation of superior officers; (c) the same monotonous grind from week to week. I might go further, but the kernel of my argument is there in a nutshell. I trust I shall not weary you by saying a few words on the several points now raised. I shall do so as shortly as possible.

The present number of attendants or nurses, properly so-called, is one to ten, twelve, or fifteen patients. If these are all chronic negative cases, this is quite enough. All that is wanted is care. But I am speaking of recent acute and curable cases; and for such the number is too small. The hours of duty are too long, and the nurses are not officially attached to particular patients. When you consider that nurses are in the wards, or with the patients elsewhere for fourteen hours a day, the idea of their energies being concentrated acutely on their patients all that time is preposterous—their

work must necessarily become automatic and routine in character. Individual responsibility for individual patients does not go much beyond the muster and the roll call. There are exceptions of course; but I state the aggregate result, and ask you what better you could expect under the circumstances. The remedy is, first of all, a larger staff, but if I dare to say so, the ratepayer is thrown at my head. The poor ratepayer is much maligned, he is held up to us as a chronic growler, a being without the soul of charity in his composition. I believe this is a libel on the majority of our citizens. Well then, to stick to the point you ask me, How would I propose to remedy this? My proposition is this: You cannot have an eight hours day in asylums for reasons too lengthy to discuss: but you can give much larger leave, and you can have a larger percentage of nurses on duty. There are many ways of considering the means whereby hours may be shortened, if a larger staff is provided.

Now for the question of quality. A mistaken notion is that above all things we want more style, and higher education. This is a delusion most disastrous for asylums. We want the born mental nurse, a *rara avis:* but there is no sufficient supply of this commodity in the market, and we must take the next best we can get, and try to make the most of what is elastic and adaptable in human nature. Placed in the balance against a bright, sunny temper and obliging disposition mere education would be found wanting, and the parade of education sometimes made in asylums as a feature of their nursing, though very fetching, and in itself a recommendation, is not the one thing most needful for the study and cure of mental disease. Well then, sunshine in our attendants and nurses is dependent largely on sunshine in the conditions of their existence, and on sunshine in their surroundings. We do not realise that they also are under more or less restraint as well as their patients. They are eternally keeping down the "Old Adam," sitting upon themselves so to speak, for many insane people would rile a saint, not to speak of a human being. In a word, don't keep them so long in harness at a time, feed them well, groom them well, increase the attractions of their work, make them as healthy and happy as the nature of their work will allow, and the sunshine you thus create will radiate from them right into the lives of their patients.

My third point is Organization. The aim of an ideal organi-

zation is to expend energy without waste or fruitless result, and in proposing a larger scheme of organization, a reconstruction and elaboration of our present system, I have carefully kept this object in view. In the first place I would point out that the night supervision and nursing of the insane is woefully insufficient. You will find in most asylums one attendant responsible for the care of one hundred or more lunatics at one time. While the day officers and staff slumber and sleep, he stands alone, the one responsible sane official. The night care we trust to Providence, and a half of one per cent. of sanity, and this fact increases the anxieties of the responsible heads of the establishment, who are therefore never absolutely out of harness. We cannot have short watches as on board ship; but with numerical strength increased, we can assign for night duty a larger staff with a supervisor or chief, and do away with the humiliation and degradation of the tale-clock system, which at its best can be tampered with. At present night service is shorter than day service; but it is continuous. I would make night service longer, and day service shorter; but I would break the night service in two parts, allowing one hour's suspension of duty between. In small asylums it would be the duty of the supervisor to relieve the subordinates in turn—he would thus be more practically acquainted with the night work. In large asylums a relieving officer would be told off for this duty. Once a month I would allow night attendants off duty from Saturday morning till Monday night. I would have the night staff, with the assistance of the junior day staff, responsible for the morning toilet, &c., of the patients, and for seeing them to bed at night; so that the work of the senior day staff would not exceed twelve hours. The leave of the day staff I have not touched on; but it should be much more liberal than at present. The patients should be detailed in small groups for special written observations, and each nurse should have a group, and a note-book for that group. Nurses should exchange groups every three months, so that a fresh interest is continually kept up, fresh observations are possible, and the patients come under new influences. I would change patients from one ward to another, oftener than is done at present. I would have the superior officers direct and assist the nurses in observation and treatment. The lunacy laws impose a tremendous amount of clerical work on asylum medical officers, thus restricting the exercise of the true function of medicine in asylums. I would have medical officers and

supervisors more in the wards collaborating with the nurses and forming more and more a collective investigation committee on the patients. I might warp and woof this skeleton of reform which I have set up, until it is perfectly clothed; but time presses, and it may seem to you that I have gone far enough, and am merely sketching an asylum Utopia never to be realized. Ten years ago I pleaded for a conjoint scheme of special training for asylum attendants and nurses without much encouragement to hope for its fulfillment in the near future. Yet to-day in the old country this scheme is an accomplished fact, and in America at the McLean Asylum, Boston, at Buffalo, at Utica, and in many other asylums throughout the world the reform grows apace. Therefore I am emboldened to lay down the views which I enunciate to-day.

The defects of nursing work are, as already stated, the natural result of the defects in the nursing staff: but they are also aggravated by three factors which I shall take in order. *First*, large wards. Elephantine asylums, and worse still elephantine wards are self complacent monuments of public charity when they first break upon the gaze of the stranger; but let him take time to analyse his deeper impressions, as he may do on a second visit—a first visit gives a blurred sensation—and he recognises three things (1) that a great gulf is fixed between the sane and insane, (2) that it is a case of the shepherd and the sheep, (3) that for the sane leaven to leaven the unleavened mass of insanity in so large a crowd is a superhuman, paralysing task. When you want a quiet confidential talk with another man, when you want to consult with or advise him, you don't think a crowded public room or a public function the place and season for such a purpose. You want to get him in a quiet corner all by himself. On the other hand, when a humble supplicant for mercy, kindness, help or some other exhibition of christian charity watches for his opportunity he does not seek the benefactor in the thick of a crowd, when he is likely to be urgently engaged with other affairs. A quiet corner will also suit his purpose best. And so in our asylums, though we dread quiet corners as places of suicidal contemplation, they are really quite the opposite if we look at the matter aright. Blunt knives in asylums suggest suicide more than sharp ones. Unbroken straight lines of gallery walls in asylums invite gnawing suspicions of confinement and imprisonment. We want day-rooms broken up—coteries—cliques, if you will, but presided

over and regulated by sane people. In small parties there is confidence—not in large; and in confidence won and discreetly used, we have one of the secrets of successful asylum treatment. *Second.* There is the lack of "personally conducted" coöperation of asylum officers. I have already referred to the excessive clerical work, and I may add the red tapeism of asylum administration. Nursing of individual cases lacks inspiration from the superior officers. I confess that instead of frequently inspiring my nurses, they oftener inspire me. At the present moment I am reminded of a case to cure which I have labored assiduously for two years, and for which the attendant has labored more. I am ready to give up hope now; but the attendant won't allow me. Just a week ago he gave me a fresh inspiration, he suggested that there might really be something wrong with the patient's stomach besides mere lack of energy to account for his positive refusal of food—his breath was offensive. I washed the stomach out. He is, therefore, being individualised in a new direction, and already he is more active, brighter, and on the whole better. He may not recover, but this new treatment will help him, if there is a chance at all. *Third.* There is the same monotonous grind from week to week. So long as work is interesting, and not pushed to over-strain, it cannot be monotonous. From what has been already said, you can see that the evil now stated is a curable one. A continuous round of fresh outlets for energy and observation, a daily programme of varieties for patients and nurses, convalescent homes a few miles away for both, more domesticity, and individualising home life, tea parties in the wards, more fusion with the outside world. These are a few of the many suggestions that may profitably be discussed here.

And now, gentlemen, before I close this somewhat rambling sketch of the problems of a great and beneficent service, let me ask your consideration of two of the latest evolutions of asylum reform now clearly discernible on the horizon. These are (1) the formation of a mental nursing association, and (2) a provident or pension scheme. If linked together under the patronage of asylum boards of management, they can only be followed by one result—decided success. If initiated and carried on without the help of asylum administrators, the result will not be so gratifying—indeed it may be disastrous. The day of pensions as they exist in the English and Scotch Royal asylums is gone by. What is now

by law established may remain, but the legislature will undertake no fresh liabilities of this kind. Heaven (in other words, asylum managers) may be expected to help those who help themselves—dollar for dollar put by for a rainy day. That's the principle which the railway systems of the old country recognise, and it is the only possible one for asylums. By such means a really good asylum staff is secured and maintained in efficiency, while a reasonable prospect for the future is held out to them. Here also is the foundation of a mental nursing association which may be expected to work loyally, and not as a mere trades union. It should have its own weekly newspaper, managed by representatives of all classes of asylum service.

I regret that space forbids my going further: but hope that in this short paper, I have given you some thoughts that are worthy of consideration. Such an opportunity as the present for the discussion of such questions must prove one of the abiding monuments of the great World's Fair at Chicago; and I am sure the exchange of sentiments now being called forth will advance materially the cause of asylum service reform.

ON THE CARE OF EPILEPTICS.*

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The care of epileptics really includes their medical treatment as well as all other kinds of help extended to them. But medical care, such as it is, has been given to them for some thousands of years, and yet without adding much to the happiness of individuals under treatment, or accumulating much evidence of positive value concerning medication in epilepsy. Our results have been, indeed, almost valueless; for, with all our dosing with bromides, borax, belladonna, and so on through the alphabetical index of the pharmacopeia, it is extremely doubtful if in ordinary practice, one per cent. of the cases of idiopathic epilepsy are cured. Beside the practical incurability and hopelessness of the disease, its victims have suffered untold sorrows in the way of negligence and ill-treatment at the hands of the communities in which they live.

It is a peculiarity of this disease that the seizures may be momentary or may last for a few minutes only, recurring sometimes frequently, sometimes daily and sometimes months apart, thus robbing the sufferers of their consciousness and faculties for brief periods of time at long or short intervals. Between the attacks they may be as rational and as well qualified for all the vocations, duties and social privileges of life as any other human being.

These facts do not concern a few only of the members of the community. Epilepsy is a wide-spread disorder and it has been calculated that one person in five hundred is thus afflicted. Thus, there would be in the neighborhood of one hundred and thirty thousand such unfortunates in the United States alone, and over twelve thousand in the State of New York. Even supposing this percentage to be exaggerated to a very great extent and that the actual ratio were one to one thousand, the number of epileptics would still be enormous and would constitute a large part of our defective classes.

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Outside of the efforts, thus far comparatively futile, of physicians to alleviate their purely physical infirmities and to reduce the number and severity of the attacks, nothing has been done until late years to provide for their mental development and to meet the peculiar conditions of life which they are called upon to endure. Thus no general hospital will receive such cases for treatment, because of the incurable and unpleasant nature of their malady. While much of the time thoroughly capable of acquiring an education, they are debarred for obvious reasons from the schools; the churches are closed to them; very few care to employ epileptics in shops, stores or offices or are willing to teach them trades. Few epileptics are at liberty to enjoy the companionship of their fellows, who are rather inclined to shun their unfortunate brethren. Thus, every avenue for mental or moral development, for occupation, for association with the rest of mankind is closed to them. They are even burdensome to their families. It is little wonder then that many of them grow up dull and ignorant, intellectually feeble, morally depraved, irritable in temper with tendencies to retrogression and degeneration rather than to advance. A few of them become insane and are sent to insane asylums. Others are not insane but, ill-adapted for existence under such miserable conditions, drift to the only homes offered to them, the alms-house. The almshouse and the asylum are the only refuge when abandoned by their friends. In the State of New York for instance, where there are twelve thousand epileptics, some four hundred or more are in insane asylums and some six hundred in the county poor-houses. The rest of them are scattered throughout the State in their own families among the rich and the poor in ratio to population and to the relative proportion of these classes. Many are so slightly affected that they are able in spite of their seizures to pursue some of the ordinary vocations of life. Thus I know personally of a doctor, clergyman, several book-keepers, a bank president, a stock broker, several clerks, some dressmakers, shoemakers, masons and a telegraph operator, who are epileptics, and yet able to carry on useful pursuits, albeit under adverse conditions. To all of us are familiar certain well-known historical or literary characters in whom epilepsy failed to restrict the development of their genius such as Cæsar, Napoleon, Molière, Petrarch, Dostojewsky and others.

It would seem, therefore, from the above facts that, although there is such a thing as epileptic insanity, the proportion of insane epileptics to sane epileptics is very small, much less than ten per cent., taken at the utmost, and that this ratio may be reduced by affording these unfortunates such opportunities for mental and moral development as are enjoyed by other and more happily situated citizens; and not only may the percentage be reduced, but the comfort and prosperity of all epileptics be increased by proper provision on the part of the State or through private channels such as institutions of a peculiar character adapted to their peculiar needs. A large public hospital is very far from meeting their requirements; for, as has already been shown, medicinal treatment is uncertain and unpromising. Insane asylums should receive but very few, and almshouses none at all. What is demanded is an institution on the community or village plan, where medical treatment (such as it is) may be given to every member and where every sort of education, employment and social privilege commensurate with his needs and conditions may be extended to every beneficiary.

The colony system only can attain this object. A colony for epileptics is not an impracticable scheme proposed by visionaries. It is already an accomplished fact. The Bethel Epileptic Colony at Bielefield in the province of Westphalia, near Hanover, Germany, was founded by Pastor von Bodelschwingh, over twenty-five years ago. He purchased a small farm with one house and, with four epileptics as a beginning, established a charity, which for nobility of conception and success in its results has nowhere an equal. It seemed to its beneficent founder feasible to create a refuge where sufferers might be cured if curable, might have a home if recovery were impossible, might learn trades and the great majority become educated, useful and industrious citizens. From that small beginning there has been a gradual evolution of his idea until now there are over one thousand epileptics, resident in some sixty or more houses, scattered irregularly but picturesquely over a large farm. Everyone who visits this unique colony is deeply impressed with the happiness, contentment and prosperity everywhere apparent among the inhabitants of this little epileptic world. He sees that it is no longer an experiment and the previously unanswerable objections to such aggregations are, by its success, answered and silenced. At the

time of my visit to Bielefield, in 1886, there were but eight hundred and twenty-five epileptic patients. The employments were numerous and varied. A school provided instruction for some one hundred and fifty pupils of both sexes. All branches were taught. The dairy and the farm and garden occupied the attention of the greatest number of the patients, especially as a large trade in vegetable and flower-seeds was carried on by the colony.

Among the shops for epileptic workmen were those for cabinet-makers, painters, varnishers, printers, bookbinders, blacksmiths and foundrymen, tailors and shoemakers; and, among the stores, were a grocery, pharmacy, book-store and a seed-store. The carpenters aided in the building and furnishing of new houses. Plans and drawings for new buildings were made in the architect's room. Epileptics were employed in all the departments of industry relating to building. Books were printed and bound and sold here, especially, popular works for moral and religious instruction. The illumination of mottoes for hospital wards and school-rooms and the coloring of picture cards were features of the work performed; washing, cooking, knitting, sewing and fancy work employed many. A bureau had been established for the collection and sale of museum objects, such as antiquities, articles of ethnographic and historic interest, autographs of distinguished people, coins, stamps, bronzes, gems, engravings, etc., and specimens from the animal, vegetable and mineral kingdoms. For men alone there were over thirty different callings.

The houses presented great diversity of architecture and position. They were well separated, generally enclosed in individual gardens, surrounded by fences, hedges and many trees, and altogether exhibited the home-likeness of a country village with little or nothing to suggest the restraints or discomforts of large institutions. There was one small cottage set aside for such cases as should be mildly insane, but bad cases of actual insanity were sent to insane asylums. Everything had been thought out carefully for the perfect evolution of this little social world, not only the multiplicity and details of occupations which would give each member of the community his choice of callings but even the avocations, games, amusements and entertainments that might tend to divert his mind from the contemplation of his misfortunes. And since my visit the colony has continued to expand, to develop new and val-

uable features and to confer its blessings upon large numbers of persons afflicted with this disease.

Taking Bielefield as a model, nine other similar epileptic colonies have been established in Germany, one in Zurich, in Switzerland and one in Holland. Most of these are not conducted by the State, but are under the jurisdiction of private or church charities. None of them are altogether self-supporting but some of them approach very near to it.

It should be stated that before the founding of the Bethel Colony at Bielefield, a somewhat similar institution, though on a much smaller scale, was begun in France in the village called La Force, near Lyons. Over forty years ago a noble clergyman named John Bost established this institution, and it is in a flourishing state, doing a vast amount of good and redounding to the credit of its creative genius.

It has been found in all of these colonies that no harm is done by bringing epileptics into contact with each other. They feel on an equality with their fellows in such a place, losing that sense of isolation and singularity which they cannot but observe in the ordinary world as separating them from the rest of mankind. They enjoy caring for each other and being kind and helpful to their fellow-sufferers. It has been noted, too, that the number of seizures almost always diminishes upon entering upon the new and hopeful and encouraging life begotten by the busy community.

Within two or three years interest has been awakened in other countries in the matter of provision for epileptics, notably so in America and England, where their peculiarly sad condition had neither been noted nor considered. In 1890 Ohio took steps toward the establishment of an institution for epileptics, a Commission, consisting of Messrs. J. L. Vance, C. C. Waite and one other having been appointed by Governor Campbell, pursuant to an Act of the Legislature, to select a site and prepare plans for the purpose. Of various sites examined, one at Gallipolis seemed best adapted for the project and here a tract of one hundred acres was presented to the State by the citizens for the institution. To the writer, who was consulted upon the subject of site and plans, this seemed to be the best location offered; for, although an insufficient space for a large institution, there was plenty of land adjacent which could be subsequently added to the original tract. Contrary to the advice of the writer

the architect felt obliged, probably owing to the demand of the community of Gallipolis for an institution of striking proportions, to group the buildings on a symmetrical plan, such as is frequently carried out in the public establishments for the insane. The Ohio epileptic hospital is built on the pavilion or cottage plan, a large number of these being grouped about the centre or administration building. It will therefore not meet in this important particular the requirements of a colony for epileptics, although in respect to provisions for school-buildings, shops and the like, an effort has been made to fit the institution for the particular kind of care needed by this class. The name of the institution for epileptics in Ohio is also unfortunately chosen, for it is called "The Asylum for Epileptics and Epileptic Insane." The corner stone was laid with appropriate ceremonies November 12, 1891, an interesting address and historical review being given by General Roeliff Brinkerhoff, President of the Ohio State Board of Charities. Three of the buildings were completed and made ready for occupancy in 1892 and nine additional cottages are now in course of construction, the last legislature having made a liberal grant for the purpose.

In California detached buildings are being erected upon the grounds of the California Home for Feeble-minded in Sonoma County, with the view of accommodating the epileptics dependent upon the State for pleasant quarters.

Active measures are being carried out also in Massachusetts, Pennsylvania, Wisconsin and Illinois, for the purpose of securing State care and separate provision for the same class of unfortunates.

Next to Ohio, the State of New York has manifested the most interest in her epileptic dependents and in the winter session of 1891–2 a law was passed by the legislature making the State Board of Charities a commission to select a site and prepare plans for an institution for epileptics. The law was authoritative in requiring the tract of land secured for the purpose to be four hundred acres or more in extent, and the whole scheme of buildings to be arranged on the colony or village plan. A committee of the State Board of Charities, consisting of Messrs. Oscar Craig, William P. Letchworth, and Peter Walrath, has been busy all of the past summer and autumn (1892) in examining a large number of localities which they were invited to inspect by the officers of various counties. In their report made to the legislature on Wednesday, January 11,

1893, the State Board of Charities unanimously recommended for the proposed colony a site in Livingston County, consisting of over eighteen hundred acres, the property of the "Shakers," now known as the Sonyea Society of United Christian Believers. The Shakers have dwindled in numbers to such an extent that they decided to give up this colony and rejoin the mother colony near Watervliet, N. Y. The land is beautifully situated in the Genesee Valley, near the town of Mt. Morris and in one of the finest regions of the State. It is exactly fitted to meet the wants of a model colony for epileptics. It is traversed by two streams. One of these, the Cashauqua Creek, flows through the middle of the land in a deep gorge with a fall of one hundred feet. This gorge and creek are of immense advantage for the complete separation of the sexes in free colony life. The supply of water is abundant and the conditions for good sewerage, perfect and adequate in every respect. The Western New York and Pennsylvania Railroad runs through the land and two great trunk lines, the Erie Railway and the Delaware and Lackawanna Railroad, are within a mile of the proposed colony. The soil is exceedingly fertile and well adapted for all manner of agriculture, horticulture, the production of berries and fruits for canning industries and the raising of garden produce and seeds of all kinds. It has some stone and brick-clay, which will prove useful in the development of certain forms of out-door employments. It already contains scattered buildings for the accommodation of three hundred patients.

The law which was introduced at the last session of the New York Legislature embodied provisions for the purchase of this tract of land, and also for the methods of management, government and admission of patients to the colony. As some of these may be useful to those interested in the establishment of similar institutions, a few of the chief points will be mentioned here:

The name of the institution is "The Sonyea Colony". Thus any direct reference to its object is avoided in the title. The word "Sonyea" is an old Indian word, meaning sunshine, and is historical in that this point was once the site of an ancient Indian village of the same name. For the present all insane epileptics are to be excluded, but, probably, ultimately there will be some building for the insane, especially for such as become mentally deranged temporarily while residents of the colony, since their removal from the happy influences of the community system to an

asylum for the insane would be very depressing and tend to retard rather than promote their recovery.

There will be nine managers appointed by the Governor, two of whom are to be women and two to be physicians. They are to represent the eight judicial districts of the State of New York, an additional member to represent the City of New York.

The colony is to have a medical superintendent, steward, matron, and such teachers and other assistants as are necessary.

The main object of the colony is to provide for the indigent epileptics of the State, but private patients will also be admitted to an extent to be determined by the Board of Managers. Epileptics of all ages are to be received and cared for; minors are detained by authority delegated by the parents or guardians; adults are free to go or remain, as they choose, there being no deprivation of liberty of any kind by methods of legal commitment, such as are necessary in asylums for the insane. The charge for maintenance of indigent patients is to be borne by the State and a limit of $230 per annum per capita is established by the law. But it is expected that the colony will eventually become, to a very great extent, self-supporting. Patients that become insane are to be sent to asylums in the districts from which they came, in accordance with the lunacy statutes. A special pathologist to reside in the community and devote his sole attention to the discovery of the causes and cure of epilepsy is one of the features ultimately contemplated in connection with this great institution.

This bill was, unfortunately, vetoed by Gov. Flower for reasons best known to himself and the humane measures for the relief of the thousand epileptics already upon public charge in New York State is therefore postponed for a year or two.

The care of the epileptic population is then to be summarized as follows:

All are to be treated in accordance with the usual regulations as to diet, hydrotherapy and medicinal agencies with the hope that in this way between one and six per cent. of them may be cured and the disorder in a larger per cent., ameliorated.

Out-of-door employment in agriculture and kindred pursuits is to be provided in abundance. All manner of trades and occupations are to be carried on in an epileptic community, organized on the village plan. Facilities for education are to be afforded to almost every extent.

Amusement and entertainment and the enjoyment of social intercourse are to be privileges from which no epileptic will hereafter be debarred.

In this way the happiness of a large number of these miserable creatures will be materially increased in spite of the distressing disease which they are called upon to suffer, usually for the whole of their lives: and though remedial agents applied to their malady may prove inefficient, their fate can never be as wretched or hopeless as it has been throughout the world heretofore.

Although it is not given to every epileptic to decribe his own sufferings, as Dostojewsky does in his novel "The Idiot," or to delight the world with music as did the epileptic, Handel, or with Comedy as did Molière, or with Poetry as did Petrarch, or with military exploits as did Cæsar and Napoleon, or with Religion as did Mahomet and St. Paul, still it is a consolation to those afflicted with this malady to know that epilepsy and genius may coexist and that the possession of the disease does not necessarily lead to mental and moral degeneration. The patient may not reach the highest position among mankind, but, under the new dispensation, he will not be withheld from any attainment in education nor prevented from exercising all of his capabilities for his own support and for his own welfare and happiness.

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INSTRUCTION IN PSYCHIATRY IN AMERICAN MEDICAL COLLEGES.*

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Before considering the present, let us turn backward for a score of years, and note the advances made since that time.

In 1871, the Association of Medical Superintendents of American Institutions for the Insane, adopted the following resolutions:

Resolved, That in view of the frequency of mental disorders among people of all classes, and in recognition of the fact that the first care of nearly all these cases necessarily devolves upon physicians engaged in general practice, and this at a period when sound views of the disease and judicious modes of treatment are specially important, it is the unanimous opinion of this Association that in every school conferring medical degrees, there should be delivered, by competent professors, a complete course of lectures on insanity and on medical jurisprudence, as connected with disorders of the mind.

Resolved, That these lectures should be delivered before all the students attending these schools, and that no one should be allowed to graduate without as thorough an examination on these subjects as on the other branches taught in the schools.

Resolved, That in connection with these lectures, whenever practicable, there should be clinical instruction, so arranged that, while giving the student practical illustrations of the different forms of insanity and the effects of treatment, it should in no way be detrimental to the patients.

This action of the Association has recently been brought to our attention by a circular of the New York State Commission in Lunacy, dated December 10, 1892, which was addressed to the Managers of State Hospitals, and in which they quote these resolutions and recommend their general adoption.

It seemed desirable that further information should be obtained and presented to this Association, which would be a permanent evidence of the progress made in teaching our specialty during the last twenty-two years, and, therefore, I sent circulars in January to two bodies of men; first, to the deans of all the medical colleges in the United States and Canada; and, second, to the superintendents of all the hospitals for the insane in these two countries.

*Read at the Annual Meeting of the American Medico-Psychological Association, held at Chicago, Ill., June 6-8, 1893.

The resolutions were quoted, and a few questions asked quite similar in both forms of the circular. They were sent both to the colleges and to the superintendents, in order that every individual interested—so far as possible—might be reached.

The total number of colleges addressed was one hundred and forty-four—one hundred and thirty-one in the United States, and thirteen in Canada. The number of association members was one hundred and seventy. The answers from all sources reached a total of sixty-one colleges—fifty-three in the United States, and eight in Canada. The information obtained from them is presented in detail as an appendix, and only the results and conclusions will be given at this time.

There were answers, then, from sixty-one of the one hundred and forty-four colleges. It is probably not very far from the truth to say that none of the remaining eighty-three colleges were able to give satisfactory accounts of themselves, and, therefore, gave none; and, as evidence, only two colleges replied that psychiatry is not and has not been taught in them, and these two are not included in the list of sixty-one colleges under consideration. That this assumption has a basis of truth can be inferred from the action of the members of this Association; for, of the one hundred and seventy addressed, nearly every one answered who is connected with a college, and of the remainder, fifty replied that they were not teachers. The difference between the two colleges, on the one hand, who admitted giving no instruction in this branch, and the fifty superintendents with similar replies, on the other, is so very striking that something beside indifference or neglect in answering must be given as an explanation.

Now, let us see in how many colleges this subject was taught in 1871, at the time the Association passed the resolutions. It is impossible to learn the number in which there was no instruction, or even the number in which insanity was included as of small importance, with jurisprudence, with nervous diseases, or with medicine; but it is certainly interesting to record that, at that time, lectures were delivered in eight colleges by specialists, three of whom were superintendents.

The next step of most interest is to ascertain in how many colleges this subject is taught at the present time, and how extensively it is delivered over to alienists. Of the sixty-one, all, with the exception of one for this year only, are teaching psychiatry.

Of these sixty, twenty-four are taught by persons classed as specialists, two by assistant physicians, and thirty-four, or more than half, by superintendents of hospitals. In the group of thirty-four specialists are placed all who, so far as known, are not active or retired superintendents. Some of them may have had hospital experience as assistant physicians. Some others, of world-wide reputation as neurologists, are certainly competent in every respect to teach insanity, yet are known to have had no official position in any asylum; while still others are suspected of having derived the whole of their knowledge of this subject from sheep-covered books in a lawyer's office. The very important fact to be noted at this point, is the increase in the number of superintendent-lecturers. That number has risen from three to thirty-four during the last twenty-two years.

Another step in our inquiry is to discover the growth of clinical teaching. In not one of the replies was the statement that lunacy clinics had been held in 1871 and regularly since that year; although it is known that persons of unsound mind have been brought before students occasionally and in almost every department of medicine. The replies for the present, however, tell a very gratifying story. In forty-two of the sixty-one, clinics were held; in fifteen there are none; and in four no answers are given; showing the proportion to be sixty-seven per cent. in its favor.

The next inquiry must be the place of holding clinics in the forty-two colleges holding them. In twenty, they are held in hospitals for the insane; in twelve, both in the college and a hospital, either general or for the insane; in three, in hospitals of unknown character; and in seven, in the college only.

The last question for consideration is the examination. Of the sixty-one colleges it appears that in thirty the students are examined by the lecturer; in five, by some one not the lecturer; six are unknown; and in twenty, they appear to be subjected to no examination.

Now, in conclusion, what deductions are we to draw from these figures and other statements in the answers? It seems to me the following must occur to every one:

First. The action of the association in 1871 has been a starting point, from which a great advance has taken place.

Second. Psychiatry is obtaining recognition very rapidly in our colleges; for at least forty per cent. of the whole number, in

the United States and Canada, have acknowledged in writing that it is included in their curriculum.

Third. The trend of opinion is toward superintendents as lecturers on psychiatry wherever possible; but, when that is impracticable, it is toward recognized specialists.

Fourth. That the clinical teaching of psychiatry is increasing in popularity, and the tendency is toward its adoption everywhere unless prevented by the remoteness of hospitals.

Fifth. That examinations should be passed as a requisite for graduation; and, further, that they should be held by the lecturer.

Sixth. Although not embraced in the subject of this paper, it is, nevertheless, germane to the subject—That the state, or other, medical societies should meet at the State hospitals from time to time, and they should have interesting cases of mental disease presented to them by the staff. In this way, the members would become better acquainted with the various forms of insanity, and they would keep pace with the many advances in the treatment of the insane. This personal knowledge of physicians, throughout each of the States, would be of great value for many reasons, but especially in removing much of the popular misconception of hospitals of the present day.

And, Seventh. The American Medico-Psychological Association endorses the resolutions of its predecessor, the Association of Medical Superintendents of American Institutions for the Insane, and recommends their adoption by all the medical colleges of the United States and Canada.

APPENDIX.

N. Name of lecturer?
Y. Year lectures first delivered by specialist?
H. M. L. How many lectures each year?
X. Examination in psychology required for graduation?
C. Clinics in insanity?
I. Where? Insane hospital or college?
H. M. C. How many clinics?

Arkansas.—Arkansas Industrial University, Medical Department, Little Rock. N? P. O. Hooper, M. D., Superintendent State Lunatic Asylum. Y? 1886. H. M. C.? 12. X? No. C? No.

Also, N? W. L. Worcester, M. D., First Assistant Physician State Lunatic Asylum. H. M. L.? 10.

California.—Cooper Medical College, San Francisco. N? A. M. Gardner, M. D., Superintendent Napa State Asylum for the Insane. Y? 1887—long before this on insanity, but not by specialist. H. M. L.? 24. X? Yes. C? No.

University of California, Medical Department, San Francisco. N? John W. Roberston, M. D. Y? 1873. H. M. L? Weekly, five months. X? Yes. I? Hospitals (insane). H. M. C.? Two days a year.

Colorado.—University of Denver, Medical Department, Denver. N? H. T. Pershing, M. D. Y? 1889. H. M. L.? Weekly. X? Yes. C? Yes. I? Hospital, (city?).

Connecticut.—Yale University, Medical Department, New Haven. N? Henry P. Stearns, M. D., Superintendent Retreat for the Insane, Hartford. Y? 1874. H. M. L.? 12. X? Yes; but not by lecturer. C? Yes. I? Hartford Retreat and Middletown Hospital for the Insane. H. M. C.? One to each.

District of Columbia.—University of Georgetown, Medical Department, Washington. N? A. H. Witmer, M. D., Assistant Physician Government Hospital for Insane. Y? 1887. H. M. L.? 12. X? No. C? Yes. I? Hospital. H. M. C.? 8.

Illinois.—Rush Medical College, Chicago. N? D. R. Brower, M. D. Y? 1875. X? Yes. C? Yes. I? College.

Indiana.—Medical College of Indiana, Indianapolis. N? C. E. Wright, M. D., Superintendent Central Medical Hospital for the Insane. Y? 1889. H. M. L.? 20. X? No. C? Yes. I? College and occasional visits to hospital.

Central College of Physicians and Surgeons, Indianapolis. N? W. B. Fletcher, M. D. Y? 1879. H. M. L.? 52. X? Yes. I? College and sanitarium. H. M. C.? Variable.

Iowa.—State University of Iowa, Medical Department, Iowa City. N? Gershom H. Hill, M. D., Superintendent Iowa Hospital for Insane, Independence. Y? Began in 1891. H. M. L.? 10. X? No. C? Yes. I? College. H. M. C? Occasional. N? H. A. Gilman, M. D., Superintendent, Hospital for Insane, Mt. Pleasant, furnishes some clinical and pathological material.

(Note.—Dr. Mark Ranney, former Superintendent Mt. Pleasant Hospital, lectured on insanity from about 1870 to 1881. Later, by Dr. Albert Reynolds, ex-Superintendent, Independence.)

College of Physicians and Surgeons, Keokuk. N? J. J. M. Angear, M. D., Chicago, Ill. Y? 1889. H. M. L? 14. X? Yes. C? Yes. I? College and hospital at poor-farm.

Kansas.—Kansas Medical College, Topeka. N? B. D. Eastman, M. D., Superintendent, Topeka Institution, and gives about twenty clinics at hospital.

Louisiana.—New Orleans University, Medical Department, New Orleans. N? G. L. Curtiss, M. D., Greencastle, Ind. Y? 1893. H. M. L.? 5. X? Yes. C? No.

Maryland.—College of Physicians and Surgeons, Baltimore. N? Geo. H. Rohé, M. D., Superintendent Maryland Hospital for Insane, Catonsville. Y? 1892. H. M. L.? 10. Sections of ten or twelve of the class are taken into the wards.

Massachusetts.—Harvard University Medical School, Boston. N? T. W. Fisher, M. D., Superintendent Boston Lunatic Hospital. Y? 1884. H. M. L.? 12. X? No. C? Yes: by Dr. Cowles. N? Edward Cowles, M. D., Superintendent McLean Hospital, clinical instructor. Y? 1887. C? Yes. I? Hospital. H. M. C.? 12.

(Note.—First specialist, Dr. J. E. Tyler, Superintendent of McLean from 1871 to 1878. Also Dr. C. F. Folsom, 1882-1885).

Boston University School of Medicine, Boston. N? N. Emmons Paine, M. D., West Newton. Y? 1887. H. M. L.? 5. X? No. C? Yes, since 1887,—last year Dr. Adams. N? Geo. S. Adams, M. D., Superintendent Westboro Insane Hospital, clinical instructor. I? Westboro Insane Hospital. H. M. C? 5.

(Note.—First specialist Dr. Samuel Worcester, Ex-Assistant Physician, from 1879 to 1885).

Michigan.—University of Michigan, Department of Medicine and Surgery, Ann Arbor. N? Wm. J. Herdman, M. D. Y? "From time to time since the organization of this department in 1846." X? Yes. C? Yes. I? College and insane asylum. H. M. C.? Weekly for nine months. N? Wm. M. Edwards, M. D., Superintendent Michigan Asylum for Insane, gave clinical instruction one day in asylum to class. N? C. B. Burr, M. D., Superintendent Eastern Michigan Asylum, gave clinical instruction one day in asylum to classes from Michigan Medical Department, and from Detroit College of Medicine.

Homœopathic Medical College, Ann Arbor. N? O. R. Long, M. D., Superintendent Michigan Asylum for Dangerous and Criminal Insane, Ionia. Y? 1890. X? No. C? No.

Detroit College of Medicine, Detroit. N? David Inglis, M. D. Y? 1885. H. M. L.? 8. X? No. C? Yes; in general hospital.

Minnesota.—University of Minnesota, The College of Medicine and Surgery, Minneapolis. N? Chas. E. Riggs, M. D., and W. A. Jones, M. D. H. M. L.? Weekly. X? Yes. C? Yes. I? College and insane hospital. H. M. C.? Weekly.

University of Minnesota, The College of Homœopathic Medicine and Surgery, Minneapolis. N? A. P. Williamson, M. D., Ex-Superintendent Third Minn. Hospital for Insane. Y? 1890. H. M. L.? 18. X? Yes. C? Yes. I? College.

Minneapolis College of Physicians and Surgeons, Minneapolis. N? H. M. McDonald, M. D., in connection with Nervous Diseases. X? No. C? No.

Missouri.—Kansas City Medical College, Kansas City. N? S. G. Burnett, M. D., Ex-Assistant Physician of L. I. Asylum. Y? 1890. H. M. L.? 25 to 50 lectures and clinics on Mental and Nervous Diseases at City Hospital. X? Yes.

(Note.—Didactic lectures on Mental Diseases were begun in 1871 by John L. Teed, M. D.)

Homœopathic Medical College of Missouri, St Louis. N? I. D. Toulon,

L. L. B., M. D., in connection with Medical Jurisprudence. X? No. C? No.

University Medical College of Kansas City, Kansas City. N? John Punton, M. D. Y? 1884. H. M. L.? 24. X? Yes. C? Yes. I? College and insane ward, City Hospital. H. M. C.? Weekly.

Ensworth Medical College, St. Joseph. N? C. K. Woodson, M. D., Superintendent Asylum No. 2. Y? 1892. H. M. L.? 20. X? Yes. C? Yes. I? College and hospital. H. M. C.? Variable.

Barnes Medical College, St. Louis. N? C. H. Hughes, M. D., Ex-Superintendent Missouri State Lunatic Asylum. Y? 1892. H. M. L.? 6-12. X? Yes. C? Yes. I? College, from city institution. H. M. C.? 6. (Dr. Hughes began lecturing on Mental Diseases in 1874 in the St. Louis Medical College.)

Nebraska.—Omaha Medical College, Omaha. N? F. S. Thomas, M. D., of Council Bluffs, Ia. Y? 1889. H. M. L.? 12. X? Yes. C? Yes. I? College and insane hospital. H. M. C.? 4 to 6.

Medical Department Cotner University, Lincoln. N? J. S. Eaton, M. D. Y? 1889. H. M. L.? Weekly for six months. X? Yes. C? Not Often; students have access to insane hospital.

New Hampshire.—Dartmouth Medical College, Hanover. N? Edward Cowles, M. D., Superintendent McLean Hospital, Somerville, Mass. Y? 1886. H. M. L.? 12. X? Yes. C? No.

(Note.—J. P. Bancroft, Superintendent N. H. Asylum, began about 1870).

New York.—College of Physicians and Surgeons, Medical Department of Columbia College, New York. N? M. Allen Starr, M. D. Y? 1888. H. M. L.? 8. X? Yes. C. Yes. I? College. H. M. C.? At least 8 out of 32 clinics in Nervous Diseases.

(Note.—E. C. Seguin, M. D., gave 12 lectures each year from 1869).

Bellevue Hospital Medical College, New York. N? Carlos F. MacDonald, M. D., Ex-Superintendent Auburn Asylum for Criminals, and President New York State Commission in Lunacy. Y? 1888. H. M. L.? 12. X? Yes, in connection with "Practice." C? Yes. I? College. H. M. C.? With lectures; "course is a clinical one."

(Note.—First Specialist was Wm. A. Hammond, M. D., from 1867 or 1868 to 1875, and by John P. Gray, M. D., Ex-Superintendent Utica Asylum, from 1875 to his death.)

University of the City of New York, Medical Department, New York. N? A. E. MacDonald, M. D., (No answer).

New York Homœopathic Medical College and Hospital, New York. N? Selden H. Talcott, M. D., Superintendent of Middletown State Homœopathic Hospital. Y? 1885. H. M. L.? 10 to 20. X? Yes. C? Yes. I? Hospital. H. M. C.? One for whole class, and others for individual members.

(Note.—Samuel Lilienthal, M. D., who lectured for many years previous to Dr. Talcott, included Insanity with Nervous Diseases, but could have no clinics).

Woman's Medical College of the New York Infirmary, New York. N? Geo. W. Jacoby, M. D., included in Nervous Diseases.

New York Medical College and Hospital for Women, New York. N? Joseph T. O'Connor, M. D. Y? 1882. X? Yes. C? Yes, included with Nervous Diseases. I? College.

Eclectic Medical College of the City of New York, New York. N? Byron Clark, M. D. Y? 1885. X? No. C? No, included with Nervous Diseases.

Union University, Albany Medical College, Albany. N? Carlos F. MacDonald, M. D., President New York State Commission in Lunacy. Y? 1892. X? Yes. H. M. L.? 10 to 12. C? Yes. I? College and Marshall Infirmary, Troy. H. M. C.? One at Marshall Infirmary.

(Note.—Meredith Clymer, M. D., included lectures on Insanity with Nervous Diseases, beginning 1870. John P. Gray, M. D., Superintendent Utica Asylum, began 1876).

Syracuse University, College of Medicine, Syracuse N? J. C. Carson, M. D., Superintendent State Institution for Weak and Feeble-minded Children, Syracuse. Y? 1872. H. M. L.? 20. X? Yes. C? Yes. N? H. E. Allison, M. D., Superintendent New York State Asylum for Insane Criminals, Auburn, has given one clinic yearly to the senior class.

University of Buffalo, Medical Department, Buffalo. N? Judson B. Andrews, M. D., Superintendent Buffalo State Hospital. Y? 1882. H. M. L.? 10. X? Yes. I? State Hospital. H. M. C.? 3 or 4, (not personally, but furnish questions).

Niagara University, Medical Department, Buffalo. N? Floyd S. Crego, M. D., Superintendent Providence Retreat (for insane). Y? 1883. H. M. L.? 10. X? Yes. C? Yes. I? State Hospital. H. M. C.? 3 or 4.

Ohio.—University of Wooster, Medical Department, Cleveland. N? H. C. Eyman, M. D., Superintendent Cleveland Asylum for Insane. Y? 1892. H. M. L.? 20. X? Yes. C? Yes. I? Hospital. N. M. C.? occasional.

Eclectic Medical Institute, Cincinnati. H? R. L. Thomas, M. D., includes lectures on Insanity in "Practice."

Miami Medical College, Cincinnati. N? F. W. Harmon, M. D., Superintendent Longview Insane Asylum, Carthage. Y? 1892. H. M. L.? 10 or 12. X? No. C? No.

Cleveland Medical College, Cleveland. N? John A. Gann, M. D., includes Insanity with Nervous Diseases. No special examination or clinics.

Oregon.—University of the State of Oregon, Medical Department, Portland. N? S. E. Josephi, M. D. Y? 1887. H. M. L.? 5. X? No. C? No.

Pennsylvania.—University of Pennsylvania, Department of Medicine. Philadelphia. N? Chas. K. Mills, M. D., didactic and clinical lecturer. Y? 1881. H. M. L.? 8 to 12. X? No. C? Yes. I? Insane Department Philadelphia Hospital. H. M. C.? Weekly for seven months. N? H. C. Wood, M. D., clinical instructor. I? University Hospital.

(Note.—"About 1870 clinics began in a very irregular, desultory way.")

Hahnemann Medical College, Philadelphia. N? None this year.

(Note.—S. H. Talcott, M. D., Superintendent Middletown (N. Y.) State Hospital lectured from 1881 to 1885. A. P. Williamson, M. D., then Assistant Physician, Middletown, lectured from 1885 to 1890).

Western Pennsylvania Medical College, Pittsburgh. N? S. Ayres, M. D. Y? 1886. H. M. L.? 4 to 8. X? Yes. C? Yes. I? College and Insane Department City Asylum.

Tennessee.—University of Nashville and Vanderbilt University, Medical Departments, Nashville. N? John H. Callender, M. D., Superintendent Central Hospital for Insane. Y? 1872. H. M. L.? 12 to 15. X? Yes. C? No.

Medical Department of University of Tennessee, Nashville Medical College, Nashville. N? P. Jones, M. D., Ex-Superintendent Tennessee Hospital for Insane, until recently lectured on Mental Diseases. Y? 1877. H. M. L.? 16 or 18. X? Yes. C? No.

Tennessee Medical College, Knoxville. N? Michael Campbell, M. D., Superintendent State Insane Asylum. Y? 1888. H. M. L.? 26. X? Yes. C? Yes. I? College and Hospital. H. M. C.? Weekly in alternation with lectures.

Medical Department of Grant University, Chattanooga Medical College, Chattanooga. N? W. C. Fownes, M. D., and Hon. H. B. Case. Subject divided between Nervous Diseases and Jurisprudence. H. M. L.? Weekly. X? Yes. C? Yes; occasional. I? Almhouse.

(Note.—H. Crumley, M. D., (formerly of Ohio State Insane Hospital) was first specialist in 1890.)

Vermont.—University of Vermont, Medical Department, Burlington. N? P. M. Wise, M. D., Superintendent St. Lawrence State Hospital, N. Y. Y? 1893. H. M. L.? 6.

Canada.—Ontario.—Toronto University, Medical Faculty, Toronto. N? Daniel Clark, M. D., Superintendent Asylum for Insane. Y? 1884. H. M. L.? 18. X? Yes. C? Yes. I? Asylum. H. M. C.? The 18 lectures are clinical.

Faculty of Medicine of Queens University, Kingston. N? C. K. Clarke, M. D., Superintendent Asylum. Y? 1892. H. M. L.? 20. X? No. C? Yes. I? Hospital. H. M. C.? 20.

Kingston Women's Medical College, Kingston. N? C. K. Clarke, M. D., Superintendent Asylum for Insane.

Western University, Medical Department, London. N? R. M. Bucke, M. D., Superintendent Asylum for Insane. Y? 1887. H. M. L.? 20 X? Yes,—not by lecturer. C? Yes. I? Asylum. H. M. C.? The 20 lectures are clinical.

Quebec.—McGill University, Medical Department, Montreal. N? T. J. W. Burgess, M. D., Superintendent Protestant Hospital for Insane. Y? 1891. H. M. L.? 6. X? No. C? Yes. I? Hospital. H. M. C.? 6, (attendance upon lectures not compulsory). Summer sessions.

Laval University, Medical Department, Quebec. N? A. Vallée, M. D. Y? 1893. X? Not yet; will be. C? Not yet; will be.

Nova Scotia.—Halifax Medical College, Halifax. N? Geo. L. Sinclair, M. D., Superintendent Nova Scotia Hospital for Insane. X? with "Medicine" or "Jurisprudence." C? Yes. I? Hospital. H. M. C.? 4.

(Note.—First Specialist, A. P. Reid, M. D., Ex-Superintendent Nova Scotia Hospital for Insane, began 1878).

Manitoba.—Manitoba Medical College, Winnipeg. N? J. A. McArthur, M. D., includes in Jurisprudence. X? No. C? No.

THE CARE OF THE INSANE IN CANADA.*

BY C. K. CLARKE, M. D.,
Medical Superintendent of the Kingston Asylum, Ontario.

The Province of Ontario has always been looked upon as the most progressive part of Canada, and in the care of the insane this Province has endeavoured to keep up with the advance of science and in a few respects has possibly led. The development of the State care under the intelligent eye of that accomplished alienist, Dr. Workman, is a chapter in history known to too few, but the influence of this remarkable man has been felt for many years and a great deal that is best in the present asylum system can be traced to his thoughtful foresight. Non-restraint has been accepted as a principle in nearly all of the Ontario institutions and, in two, at least, has been an accomplished fact for ten years.

I believe in one institution the long sleeved jacket is still used at times, but beyond this there is nothing that can be called restraint. At the same time all of the superintendents are agreed that while non-restraint is admirable, the case might occur in which restraint would prove of value and should be adopted.

Dr. Bucke, of London Asylum, who has always been a progressive man, was the first to adopt non-restraint some ten years ago, and was closely followed by Dr. Metcalf, of Kingston.

These facts are of interest and should be recorded, as at that time nearly every institution in America ridiculed non-restraint as an impossible fad, and those who adopted the system were looked upon as "cranks" and imbeciles.

The Asylums of Ontario are State institutions in the most complete sense of the word; and, in all but a few wards in Toronto, patients are cared for at the expense of the Government.

When they are able to contribute to their support, a rate that covers the bare cost of maintenance is charged.

The Province furnishes asylum accommodation for about three thousand insane persons, and another institution is being erected at Brockville on the St. Lawrence River.

Ontario has never been lavish in her expenditure on buildings, and, it is possible, has gone to an extreme in economy in this matter.

* Read at the International Congress of Charities, Correction and Philanthropy, (Sect. IV; on the Commitment, Detention, Care and Treatment of the Insane), Chicago, Ill., June 12-18, 1893.

There has been a good deal of doubt in regard to the most desirable style of hospital to erect, but now it seems to be accepted that a central building with detached cottages is the most convenient institution for the purposes of the Province.

Mimico is composed of several cottages and affords a refuge for chronics chiefly,—the other asylums are on the plan before mentioned.

If Ontario has had any particular merit, it has been in the way of substituting employment for restraint, and that this has been successfully done, a visit to almost any of the hospitals will show. In the institution over which I preside the occupation of patients has been regarded as a most important matter and, as the Superintendents of London and Hamilton asylums are firm believers in employment, possibly a description of the methods followed in Kingston may apply to a great extent to the other hospitals referred to. In Toronto the patients are from a different class; the grounds are limited and different conditions generally obtain so that varied occupations cannot be followed as in the other asylums.

In Kingston the idea has been not only to furnish plenty of occupation but variety as well, and it is the aim of those in charge to find the particular employment that is likely to prove suitable to each case. With this end in view there have been established the following industries:

Cabinet making, upholstering, broom making, weaving, shoemaking, laundry work, painting and decorating, farming, stone cutting, carpentering, brush making, bookbinding, tinsmithing, tailoring, blacksmithing, gardening, quarrying, sewing and knitting.

In addition, those who care for music are instructed in the band room,—a school is carried on and the patients who cannot be trusted outside are regularly instructed in gymnastics.

The physical culture classes reach the highest development in wards that were formerly designated, refractory. These wards are now as orderly as any in the asylum and the word refractory has lost its meaning. Different forms of drill such as dumb bell, extension movements, marching, &c., with parallel bar exercise are adopted by the men, while the women are drilled to music in one large class and go through Barbell exercise, hoop drill, &c.

The brass band of twenty-two is made up chiefly of patients, the

majority of whom have been taught music since admission to the asylum. A qualified instructor has charge of the band and gives his whole time to the care and development of his patients. This brass band plays well and, outside of its use as furnishing employment, is a valuable addition to our resources in the way of providing music for indoor and outdoor concerts.

The school is modelled after that in the Utica asylum and is appreciated by the women who attend it.

It has been found possible to do a great deal by patients' labor, and last year a fine stone cottage for thirty farm patients was put up almost entirely by their work, and the success of this experiment has induced us to launch out on a bigger undertaking.

At the time of writing the stone for our infirmary 64x72 is being quarried and dressed by our patients. It has not been decided yet whether they will undertake the erection of such a large building; but if it is decided that we shall do the work, I am satisfied that the result will be satisfactory. The chief idea governing the extensive system of employment is to furnish each patient with work that is attractive to himself. In addition, hours are short, and we have a system of rewards in the way of lunches that answers admirably.

On the whole, the insane of the Province of Ontario are well and liberally cared for by the Government and the asylums enjoy the confidence of the general public to such an extent that actions for illegal detention of sane persons do not occur, and newspaper discussions over so-called atrocities are unheard of.

The people realize the value of the service to the general public, and when it is so clearly understood that it cannot be in the interest of any one to detain a sane person, scandals do not occur.

All sick patients, both male and female, are nursed by trained hospital nurses in properly equipped infirmaries, and in Kingston all nurses are trained, not only in the nursing and care of the insane, but in medical and surgical nursing as well. The hospital idea is carefully taught and all nurses are made to understand that patients under their care are sick people and must be treated as such. In order to carry out this idea to its legitimate conclusion, separate hospital buildings are to be erected in connection with each asylum, and the day is not distant when acute cases will be treated in small buildings on the hospital plan.

Foreigners, as a rule, regard Canada as a small country with a

population centralized within a limited territory. Although the population is small, say five millions, it is scattered over an immense territory from the Atlantic to the Pacific, and each Province cares for its own insane. As a matter of fact the asylum system of Quebec is the one that is generally attributed to the whole of Canada, because its defects have brought it into glaring prominence. Since the advent of the new asylum in Montreal and the disastrous fire in Longue Pointe, a better state of things has come about, but until the Quebec Government assumes absolute control of the care of the insane, the system will be open to grave criticism. The Protestant Asylum at Montreal is a non-restraint institution and conducted on modern principles.

New Brunswick, Nova Scotia and Manitoba, have always kept up with the times and their institutions are, I believe, admirable.

About Prince Edward Island and British Columbia I am not in a position to speak from actual knowledge, but I have every reason to believe that they are well conducted.

Since Dr. Hack Tuke wrote his interesting but bitterly criticized brochure on the Insane of the United States and Canada, steady advances have been made, and it is only a question of time as to when Quebec must fall in line with the other Provinces and give up the farming out system.

Canada is behind the times in the matter of the care of the criminal insane, and I regret to have to chronicle the fact that the general public has not yet learned to regard insanity as a disease that may be the cause of crime. As long as the legal definition of insanity is so crude and imperfect, and the newspapers hold up the bogy called the "insanity dodge," we may look for little or no improvement in this line. In this respect of course we are not much worse than our neighbors, who believe that as a general policy the hanging of so-called "cranks" is very convenient in the way of ridding the world of certain dangerous elements. Of course they are not prepared to carry the argument to its legitimate conclusion and apply it generally.

In Canada it is, I regret to say, a difficult matter for an insane criminal guilty of murder to escape the death penalty, and within a comparatively recent period several men with well marked brain disease have been hanged. We have no provision for the special care of the criminal insane and will not require it until popular ignorance disappears. Many of our legal lights assert that in

Canada we make no mistakes regarding the "insanity dodge" as we hang all murderers sane and insane. It will not be many years before a complete change of sentiment will take place regarding this matter, just as it is developing in England where public opinion is not as bitter as it is with us.

Leaving this unpleasant feature of the discussion, the care of the insane in most of the Canadian Provinces may be said to be all that could be desired, that is, leaving Quebec out of the question, and even there the advance toward a better condition of affairs has commenced. Ontario, being the wealthiest Province, has of course been able to outstrip the others and has found it comparatively easy to carry the burden of the care of her insane, and has never shirked the duty. She too had the advantage of an illustrious pioneer in the shape of Dr. Workman, who introduced and developed a system characterized by kindness and gentleness. Just as the York Retreat in England exercised a beneficial influence, the teachings of Dr. Workman have silently proved a means of untold good in Ontario.

NOTES ON PERIPERAL NEURITIS AS A SEQUELA OF INFLUENZA.

BY S. RUTHERFORD MACPHAIL, M. D.,
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The subject of influenza and neurosis is one of wide and growing interest and cannot, of course, be treated exhaustively in a short paper. The general interest of the profession in the subject is shown by the fact that during the year 1892, discussions on the relationship of influenza and the nervous affections which follow it have taken place in at least two medical societies in this country. Dr. Savage, in opening the discussion at a meeting of the Medico-Psychological Association, is reported to have said: "I have seen every form of nervous disorder follow distinctly and clearly attacks of influenza." He goes on to enumerate epilepsy, diabetes, asthma, neuralgia, and various forms of mental disorder. At a discussion on "Psychoses after Influenza" at the 1892 meeting of the British Medical Association opened by Dr. Althaus, one of the speakers,—Dr. Corner, said: "Almost any nervous symptoms might follow influenza, for example, cephalalgia, trigeminal neuralgia, insomnia, loss of memory, epileptiform seizures, and symptoms of peripheral neuritis were also said to occur in one case of post-influenzal insanity." In a lengthy discussion on "Peripheral Neuritis" in the Section of Medicine at the same meeting only one of the speakers made a brief and vague allusion to influenza as a cause, although the alcoholic, diabetic, rheumatic, and hysterical varieties of the disease were discussed at great length. These are the only references I have been able to find of cases where an attack of influenza was followed by symptoms of peripheral neuritis. The inference is that such cases are uncommon and that our experience in this asylum has been exceptional. The following cases illustrate a form of neurosis having relationships with, if not identical with, the condition described as peripheral neuritis, and they have this in common, that the symptoms were developed shortly after an attack of influenza during the same epidemic. Influenza was epidemic in this asylum in the springs of 1890, 1891 and 1892. The 1891 epidemic was the most severe and that of 1892 the mild-

est of the three. No symptoms of neuritis were observed to follow any of the cases in the first two epidemics, and the mildness of the symptoms in the 1892 epidemic would appear to prove that ther is no relationship between the severity of the feverish attack and the nervous sequelæ although these can be explained by no other hypothesis except that the toxine of influenza was the sole factor.

Case I.—R. S., æt. 58, male, chronic mania. In May, 1891, suffered from a mild attack of influenza which had the effect of intensifying his mental aberrations, but he made a speedy recovery from the physical symptoms. In March, 1892, he had another and a more severe attack of influenza from which he made a slow recovery and was for some time a wreck of his former self. About the middle of May some weeks after the onset of the attack of influenza he became so weak that he could not get about and was kept in bed. He complained of weakness, numbness, and tingling of the feet. On examination he was found to have œdema of both feet and ankles, considerable wasting of the flexor and extensor muscles, partial loss of tactile sensation, pain and tenderness on pressure over peroneal muscles, knee jerks much impaired, and abdominal reflexes diminished. He could stand, but was unable to walk without support. The upper extremities showed no sensory abnormalities but there was considerable loss of power. Pupils react to light and accommodation; urine normal.

After being bedridden for two weeks, the œdema disappeared, but the weakness, loss of sensation and tenderness on pressure still continued. A fortnight later, the knee jerks were completely gone and the arms had become further implicated, increased weakness in grasp, slight general anæsthesia, and pain in tips of fingers.

He gradually improved under treatment with iron and strychnine. In October the following note was made: "Some loss of power in hands, gait impaired, when eyes are shut and heels kept close together slight swaying of the body, distinct wasting of calf muscles, with slight tenderness on pressure, impairment of sensibility to touch and pain, right tendon reflex gone, left tendon reflex much impaired."

At the present date (August, 1893) he is in much better health, but the symptoms of neuritis have not completely disappeared.

Case II.–G. R. S., æt. 28, male, epileptic mania. The symptoms were very similar to those noticed in the previous case. A

mild attack of influenza in March, 1892, a slow and protracted recovery, complaints of weakness and pains in legs necessitating his taking to bed two months after the initial illness. He was then found to have œdema of ankles; loss of power in muscles of lower extremities, particularly the extensors; tenderness on pressure and diminished sensibility to touch but not to pain over the legs, most marked over the anterior surface of left leg and dorsum of left foot; ordinary reflexes present; knee jerks almost gone. Pupils normal. No albumen in urine.

Under treatment with syrup Eastoni and rest in bed he gradually improved. On August 1st it is noted that the sensation in the limbs has quite returned, but there is still complete loss of knee jerks, and some difficulty in standing when the eyes are closed. He has since then steadily improved and is now in his normal physical condition. The neuritis in this case appeared to have no effect on either the frequency or severity of the epileptic fits.

Case III.—E. D., æt. 63, male, chronic mania. He had an attack of influenza in March, 1892, which, though not severe in character, left him in a weak state of health, dull, listless, and incapable of exertion. He was noticed to sit a great deal and to walk with difficulty. Nothing definite could be found on examination, but his temperature went up occasionally without apparent cause. This condition lasted for a fortnight and in the beginning of June he was put to bed and examined. He was found to have partial loss of sensibility both to touch and pain in both knees; tenderness on pressure, wasting and loss of power in the calf muscles; tendon reflexes very dulled. A fortnight later there was almost complete paresis of the legs, and absence of knee jerk on both sides. The general atrophy of the muscles became gradually more marked, and on July 1, the legs could only be moved with great difficulty, and passive movement of them caused much pain. The bladder soon became affected, retention from paralysis of the detrusor occurred, followed by passive incontinence. Mentally he became dull, gloomy and morose with complete amnesia and degraded habits. He gradually became weaker and worse and at times he was much cyanosed. On July 18th, the day before his death, symptoms of paralysis of the diaphragm were noticed—laboured breathing with recession of the abdominal wall at each inspiration.

At the *post-mortem* examination general tuberculosis of the various organs was found, but the condition was not far advanced.

Microscopical examination of the anterior tibial and phrenic nerves showed no abnormality.

Case IV.—A. F. W., æt. 22, female, a deaf mute, had a slight attack of influenza in the beginning of April, 1892. She made a good recovery and was able to be up and about as usual in a few days. On May 2d, her feet and ankles were noticed to be swollen.

On examination there was loss of knee jerks, no evident wasting of muscles, some anæsthesia below knees and considerable paresis. At the end of three weeks and under treatment with Easton's Syrup she was able to sit up for a portion of each day, the œdema of ankles had disappeared, but the other symptoms were unchanged. On August 1st, the paresis and anæsthesia were improved, but the knee jerks were still absent. The patient has since made a gradual and steady improvement.

I have notes of two other cases, one of each sex, but need not give details, as the symptoms were similar to those mentioned in the other four. The cases occurred at the same time.

Remarks:—The causes of peripheral neuritis seem as yet to be only imperfectly understood. Dr. Bristowe is of opinion that "in most if not in all cases in which the affection is of symmetrical or general distribution its determining cause is the presence of some poison, either developed in the system or introduced from without, which exercises a specific deleterious influence on the nervous tissues. Dr. Ross (Diseases of the Nervous System, p. 293) says: "Neuritis frequently becomes developed after acute diseases such as typhoid fever, the acute exanthemata and diptheria." It is, not therefore, unreasonable to suggest that the poison of influenza is sufficiently powerful to induce serious neuritis although this factor has not hitherto been recognized among the causes of peripheral neuritis. As our knowledge of this disease increases, I have no doubt that we shall be able to classify different varieties of neuritis depending on the special tendency of certain poisons to affect special nerves or groups of nerves. In the present imperfect state of our knowledge it is impossible to determine the exact nosological position of many of the cases of the disease that come under our care. It seems to be abundantly proved that there are many varieties of the disease besides the alcoholic form which is the best known; and again the records of recent cases go a long way to disprove the doctrine that the disease is more common in women than in men.

CARE OF THE INSANE IN FINLAND.*

BY EMIL HOUGBERG, M. D.,

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The history of the work in behalf of the insane in Finland is but a brief one. In 1687 seven places, to which number subsequently eighteen more were added, were established at the hospital in Kronoby in the Wasa Government District, a hospital originally intended exclusively for lepers. In 1771 the hospital in Sjählö, likewise established exclusively for lepers and built in 1619 during the reign of the Swedish King Gustavus (II) Adolphus, was transformed into an asylum for the insane and supplied with forty places. In these old asylums the patients were subjected to a very poor treatment indeed. They were, in fact, sent there only as a means of preventing the danger and mischief connected with their being at large. By degrees, however, the more modern, humane and less constrained methods of treatment of the insane, as introduced by the never-to-be-forgotten Pinel, found their way from the nurseries of culture to distant Finland.

The 1st of July, 1841, the inauguration day of the Lappvik Lunatic Asylum near Helsingfors, may well be considered as the turning point in the history of the care of the insane in Finland. Albeit the construction of this asylum does not, of course, in every way meet the requirements of modern treatment and care, it was a vast improvement on the old system. As originally built it contained ninety places. In 1877, however, it was enlarged and will now accommodate one hundred and twenty patients. Here medical students of the Helsingfors University are given the opportunity of studying the various mental diseases and their treatment.

Shortly after the opening of Lappvik asylum the one at Kronoby was closed and its patients transferred to Lappvik. At about the same time four places for lunatics were established in connection with the public Government hospitals in each of the county towns, and here the lunatics from the adjacent districts were to receive

*Read at the International Congress of Charities, Correction and Philanthropy (Section IV; on the Commitment, Detention, Care and Treatment of the Insane), Chicago, Ill., June 12-18, 1893.

temporary treatment and care, to be, as soon as possible, transferred to Lappvik. For many years Lappvik and the Sjählö asylums were the only hospitals of the kind in Finland, and to Sjählö chronic sufferers only were admitted. In consequence of the yearly increase in the number of lunatics and the unsatisfactory results of their treatment outside the asylum, a committee was appointed by the Government on December 20th, 1859, with instructions to work out a plan for the reorganization of the Commitment, Detention, Care and Treatment of the Insane.

The report and the propositions of the committee did not meet with the approval of the Government, chiefly on account of the heavy expenditure involved. On the other hand, the propositions of another subsequent committee, appointed by the Government on the 13th of May, 1873, were carried out.

The main points of these propositions were:

First. In each of the county towns receiving-asylums, each provided with twenty places, were to be established for the purpose of receiving lunatics of the adjoining districts, suffering from acute mental disease.

Second. Two combined treatment or so-called central asylums to be established in suitable localities near the county towns, Kuopio and Tammerfors. These asylums each to be supplied with places for 100 patients suffering from *acute* mental disease and 300 to 400 suffering from *chronic* mental disease.

Third. The Lappvik asylum to be maintained as a "mixed" one, and Sjählö as an asylum for chronic lunatics and epileptics.

In consequence of these propositions of the committee being approved by the Government, the decree of the 7th February, 1840, *re* the commitment, detention, and care of the insane became obsolete and had to be revised. Accordingly a committee was appointed for this purpose on the 15th June, 1881; and on the 28th May, 1889, the new decree was issued.

In 1881–82 the receiving asylums at Åbo, Wasa, Uleåborg, Wiborg and St. Michel were opened, each supplied with twenty places, excepting the one at St. Michel where the number of places was twelve only.

The next largest asylum in Finland, the one at Fagernäs near Kuopio, was opened in 1884, and supplied with one hundred and twenty places. It has since been considerably enlarged and will now accommodate about 350 patients.

Besides the Sjählö asylum, where at present chiefly female chronic lunatics are treated (there are now fifty-three places), we have in Finland another asylum, the one at Kexholm, where lunatic criminals and male lunatics suffering from chronic mental disease are taken care of. This asylum was established in 1889 with 132 places.

The third large asylum, which, in accordance with the proposition of the committee, was to be established near Tammerfors, is in progress in so far that its site has been decided upon. It will be built in a very suitable place with fine scenery and within about seven kilometres of Tammerfors. This asylum will accommodate about 350 patients (220 acute and 130 chronic lunatics) to start with, but is intended for in all about 800 patients (220 acute and 580 suffering from chronic mental disease).

As will be seen from this, we may hope shortly to be able to care properly for about 1,100 lunatics in the public governmental asylums. Agreeably to the latest decree relating to the relief of the poor, every parish is bound to maintain a poor-house, and in each of these shall be a few places for lunatics suffering from chronic mental disease. Unfortunately, by far the greatest number of lunatics in Finland are still treated at their homes.

According to the census of 1880, there were in Finland at that time 4,380 lunatics, equal to one lunatic to every 470 persons. At the close of the year 1891, the population of Finland amounted to 2,412,135, and the number of lunatics to 6,430, equal to one lunatic in 375 persons. Of these 6,430 lunatics (3,488 males and 2,942 females) at the close of 1891, only 500 (7.7 per cent.) were treated in the public asylums, 525 (8 per cent.) in the poor-houses; and 5,405 (83.7 per cent.) privately. These figures clearly point out the necessity of a greater number of lunatic asylums in Finland.

The total expenditure in behalf of the lunatic asylums in Finland in 1891 amounted to:

For Receiving-Asylums.....	*Finn. Marks	58,134	18
" Lappvik "	" "	109,685	55
" Fagernäs "	" "	93,990	81
" Sjählö "	" "	31,727	20
" Kexholm "	" "	58,619	46
Total F. mks.....		352,157	20

*1 mark=25 cents.

The total expenses per diem and patient amounted to:

For the Receiving-Asylums	.....	2 mk.	49.6	pfn.
" " Lappvik	"	2 "	36.2	"
" " Fagernäs	"	2 "	15.8	"
" " Sjählö	"	1 "	42.0	"
" " Kexholm	"	1 "	82.2	"

During the year 1891 the total number of lunatics treated in public asylums amounted to 891. Of these 453 had been carried over from 1890, the number of fresh entries during 1891 being 438; 412 were discharged in 1891 and 479 carried over in 1892.

Since the abolishment of the Board for the Care of the Insane, by decree of the 29th of January, 1878, the entire superintendence has been placed in the hands of the Medical Department of Finland.

ABSTRACTS AND EXTRACTS.

FOREIGN BODY IN THE ABDOMEN.—In *The Lancet*, September 9, 1893, Mr. E. Rouse Rouse reports the case of a woman in the Colney Hatch Asylum suffering from recurrent melancholia, with actively suicidal history, who swallowed an iron teaspoon. There were no symptoms and the accident was not discovered until three weeks afterward, when attention was called to a swelling of the abdomen, about two inches below and to the left of the umbilicus. There were no symptoms of obstruction or peritonitis, but an alteration in the tumor itself gradually took place, the skin over it becoming red and inflamed and the surrounding tissues hard and brawny. She then had a slight rise in temperature, and two weeks after the discovery of the tumor, the abdominal wall suddenly gave way and the handle of the spoon presented itself at the same time with a free discharge of pus. The patient had no serious symptoms after this and her temperature gradually fell to nearly normal. The case remained stationary for about three weeks, when an attempt was made to dilate the passage through which the spoon had perforated. Great difficulty was experienced in dilating, owing to the thickening which had taken place, and there appeared to be an internal ring preventing the passage of the bowl of the spoon. An anæsthetic was administered, forcible dilatation was practised, and the spoon removed. After the operation the patient's mental symptoms became more pronounced; the wound itself looked healthy and there was a free discharge of fluid contents (partially digested food) through the wound. No complication in the abdomen arose. Six days after the operation she suddenly collapsed, without any apparent cause, and died on the following morning.

The necropsy revealed a dilated and hypertrophied heart with atheroma of the valves and arch of the aorta. The large intestine at the junction of the transverse with the descending colon was firmly adherent to the parietes, and when a probe was passed through the opening in the abdominal wall it could be felt in the gut. There were no signs of peritonitis about any part of the intestine, which itself was quite healthy, with the exception of the perforation.

Other viscera were normal.

THE ETHICS OF SUICIDE.—In spite of some pessimistic utterances in its favor, suicide still ranks with us as an indictable offense. This is but natural if we allow that self-destruction is incompatible either with mental or moral health. We are all familiar with the verdict so often heard at the close of a coroner's inquiry, "Committed suicide whilst of unsound mind."

Without doubt it describes with more or less accuracy every case of the kind. It certainly applies to such a case as that of a young practitioner who lately died from taking an overdose of morphia. It does not, however, as a rule, exclude the operation of moral forces, and there is abundant proof to show that these are active at every stage in the pitiful transaction. We

would claim for them a predominating influence. The mind which connives at self-destruction is at variance with the most elementary instinct of self-preservation, a sentiment which is fully justified both by the proved possibility of present existence and by our ignorance as to future events. It is, therefore, unhealthy. It is in an even greater degree immoral, since, possessing within itself a sense of duty and of relationship with others in their lives, labors and attainments, it ignores all for the sake of a present gain of personal relief. No one can rid himself of this relationship without at the same time casting on others the burden of responsibility which he abandons. We cannot, therefore, bring ourselves to agree with some who go the length of excusing suicide and even of advocating the creation of facilities for its accomplishment. Of more practical importance, as bearing upon the causes and course of this essentially morbid condition, is a brief analysis of 100 cases lately published in the pages of a contemporary. From this article we gather amongst other interesting details that, according to the evidence obtained, men destroy themselves with much greater readiness than women. The proportion is about two to one. Middle age is the period at which the tendency is most marked, and the middle class hold the same position in the social scale. Mental influence is more active than any physical inducement, and pecuniary and related social difficulties fill a larger space than any other group of motives. As regards the question of treatment, it is to our mind perfectly clear that the evil of suicide is not to be disguised by resorting to a lethal chamber or other permissive method, however plausible its description, but by cherishing a simple, stronger and more impersonal sense of human fellowship and mutual duty. In the presence of innumerable evidences of providential design we would equally impress the necessity of remembering that the divine order still prevails, and still for each and all men furthers, though sometimes obscurely, their best interests. Let us not forget physical considerations. Mental depression is often the outcome of mere bodily illness, especially of fatigue and of indigestion. Some judgment in treating these, some consideration on the part of employers of labor, may disperse a thundercloud of despair which otherwise would settle in perpetual gloom. We have heard enough, at all events, of the modern pessimism with its latest miserable canon of self-destruction. We would substitute for it the plain, old-fashioned but eminently wholesome and courageous precept, "Never say die."—*The Lancet*, September 9, 1893.

"Running Amok."—The condition has been described more or less minutely and carefully by various observers, but with regard to the essential features of the seizure—for such we must consider it to be—there is little difference of opinion. The active agent, armed usually with some more or less deadly weapon, starts his wild career, as a rule, in some public road or thoroughfare, running along and stabbing or otherwise maiming all who come across his path, and he pursues his way until he is brought to bay in a more or less forcible manner. This violent outbreak is usually preceded by a period of depression, intensified, according to some, by a wilful brooding over wrongs, real or imaginary, and it is with regard to this period of de-

pression and morbid introspection that we have ventured to designate the condition as a psychosis.

Such manifestations of sudden homicidal mania, however, are not, unfortunately, confined to what are usually known as the inferior races. Post-epileptic mania with homicidal impulses is a condition with which our criminal courts are familiar enough, although in the opinion of many the slighter forms of it, and especially the curious but most dangerous automatism which follows slight epileptic fits, are not sufficiently taken into account in these places. The same may be said of the form of epilepsy known as "procursine," in which the patient commences to run without any apparent object. This condition may either precede or follow an epileptic attack, but its chief danger is to the patient. There are, however, other conditions even more closely resembling the "amok" of the Malays, which are undoubtedly the result of a disturbed psychical condition; and our daily contemporaries recently furnished intelligence of an example of this of a very grave and unfortunately most tragic character. A man in Dundee, who had been much abroad and was the subject of ague, after a course of conduct spreading apparently over several weeks—sufficiently curious, to say the least of it, to have attracted the attention of the authorities—deliberately shot at and wounded two women, firing several shots to effect his purpose. He then retired to the attic where he lived, defying any one to enter, and he was not secured before he had inflicted serious and in some cases fatal injuries upon the police officers and others who tried to secure his capture. —*The Lancet*, September 16, 1893.

THE TREATMENT OF MYXŒDEMA AND CRETINISM.—G. R. Murray, in *The Lancet*, (May 13, 1893), discusses the treatment of myxœdema and cretinism by the administration of thyroid juice. For hypodermic injection he has employed a glycerin extract of the thyroid gland of the sheep. This extract consists of equal parts of thyroid juice, glycerin and a one-half of one per-cent. solution of carbolic acid. A drachm and a half of this extract is the product of one gland. It may be injected in doses of from five minims to twenty minims in water, and has scarcely any taste. The treatment is divided into two stages: in the first, the object is to remove the symptoms of the disease; in the second, the maintenance of health is sought. The first stage is to be carried out with care, owing to the danger of complications from too sudden change in the patient's condition. Six to twelve weeks' treatment is required, the injections being made twice or thrice weekly. In oral administration of the extract, small daily doses have been found most efficacious. As the patient improves, the temperature rises to normal, the swelling gradually disappears, the weight diminishes, the skin becomes soft, perspiration returns and the bodily activity is much increased. The mind becomes more active and the improvement which has taken place in the mental condition of the cases of insanity which have been recorded by Dr. E. Carter, Dr. Claye Shaw, Mr. Cecil Beadles and others gives good reason to expect that if the treatment be adopted in every case as soon as the condition can be clearly diagnosed the insanity of myxœdema will be

prevented. Sporadic cretinism has proved amenable to treatment carried out on the same lines as in myxœdema of adult life. The good results which may be obtained are well illustrated by the cases which have been recorded by Dr. Robin of Lyons, Dr. Vermehren of Copenhagen, Dr. Byrom Bramwell, Dr. Thomson and Dr. Carmichael of Edinburgh. The remarkable manner in which the myxœdematous symptoms have improved and the process of development has been renewed in these cases gives grounds for hope that if thyroid juice is made an essential part of the diet of cretins from an early age they may be enabled to become much better developed and more useful adults.

PSYCHICAL DISTURBANCES IN DIABETES.—The number of nervous complications which occur in connection with diabetes mellitus is very great—e. g., paralysis of limbs, more or less complete; disturbances of speech, alterations in sensation, paralysis of the ocular muscles, neuralgic affections, epileptiform convulsions, &c. None of these can be considered as pure accidents or coincidences occurring in the course of the primary disease, but must be taken as standing in a definite relationship with it. Dr. Jerzykowski (*Nowing Lekarski, 1893, Heft 7;* abstract in *Allgemeine Wiener Medizinische Zeitung, No. 136, 1893*) has published an article on psychical disturbances occurring in patients suffering from diabetes, of which he has observed several cases. In one patient, a man aged fifty, there was profound melancholia, with attempts to commit suicide, and in another, an old woman, there was also melancholia. In a third case, that of a widow aged sixty-one, there was also considerable mental disturbance. In none of these cases was there any hereditary tendency to insanity. As another instance of the relationship between diabetes and mental affections, Dr. Jerzykowski draws attention to the glycosuria which sometimes occurs after sudden mental shock. With regard to the question whether the psychical phenomena are primary or secondary to diabetes, he maintains that in the large majority of cases they are actual complications of the disease. He states that the most common of these phenomena are alterations in the intellectual powers, of the special senses and of memory. The cases noted above of melancholia are not so often met with.—*The Lancet*, September 30, 1893.

MENTAL DISORDERS AND THE MENOPAUSE.—At an ordinary meeting of the Medical Society of London, October 30, 1892, Dr. Savage read a paper on Some Mental Disorders Associated with the Menopause. He said that, notwithstanding the frequency of such disorders, very little had been written on the subject. Many mental disorders occurred at the climacteric period which could not be traced to that as a simple cause, though in many cases the climacteric was a predisposing cause. No special form of insanity could be called climacteric. As a rule there was a tendency to mental depression rather than to excitement in these cases. Any of the symptoms of the menopause might be so exaggerated as to assume serious mental aspects. There might be a kind of climacteric hypochondriasis, which might show itself in complaints referred to the circulation, to the head, to the skin,

or to the viscera. The unnatural feelings in the skin or about the body might lead to the tendency to make false accusations. The development of hair on the face might lead to miserable feelings of being unnatural or unwomanly. Deafness might arise during the climacteric and might lead to various delusions, especially of a suspicious nature. Dr. Savage suggested that there was a special form of insanity which was most frequent at this period, in which, with progressive deafness, there was progressive development of delusions of suspicion. This, he said, was very incurable, and he suggested that it was a parallel to general paralysis of the insane, affecting the sensory side and not as fatal as the disease affecting the more organic side of life. There was a great tendency to the development of disorders of the reproductive organs and of the feelings associated with their function; thus there were frequently jealousy, irritability, and general domestic incompatibility. There were also frequently hysterical disorders of one form or another. There were with this condition false ideas as to marriage proposals and the like, and also a redevelopment of sexual desire which might lead to various forms of sexual excess. There was a great tendency to seek stimulants, for example, morphia. The prognosis was fairly good in many of the cases, though a large proportion, especially of those who had had other attacks of insanity, did not recover. He submitted tables of a series of cases from Bethlem Hospital, and he showed that the climacteric onset very rarely relieved those suffering from mental or nervous disorders. He advocated general rather than special measures, and did not advise the promiscuous use of the bromides.—*The Lancet*, November 4, 1893.

Epilepsy and Refraction.—At a meeting of the Ophthalmological Society, October 19, 1893, Mr. H. Work Dodd read a paper on One Hundred Consecutive Cases of Epilepsy, with their Refraction and Treatment by Glasses. In these cases the observations included examination of the pupils and fundus oculi, the determination of the vision and refraction before and after mydriasis, and the result of treatment by glasses. The diagnosis of epilepsy was independently confirmed. The results were compared with a classification of percentages from fifty cases of apparently normal eyes which had been worked out in the same manner. The comparison showed that of simple hypermetropia there were 28 per cent. less in the epileptic than in the apparently normal class; of astigmatism there were 26 per cent. more in the epileptic division than in the normal one, the amount being made up mainly of compound hypermetropic astigmatism. Of the 100 consecutive cases of epileptics, 75 were ordered to wear glasses; of these there were 23 who either did not wear them or failed to report themselves later and could not be found. Of the remaining 52 cases there were: (a) 13 who had had no fits since using glasses, during periods varying from one year to four months; (b) 3 cases who had remained *in statu quo;* (c) 36 cases whose condition had improved since wearing the glasses; in the majority of these the improvement was marked. In all the cases ordinary treatment had been continued. It seemed to result that, given a certain condition of instability of the nervous system: (*a*) errors of refraction might excite

epilepsy, (*b*) the correction of errors of refraction would, in combination with other treatment, in many cases, cure or relieve epilepsy; (*c*) in some cases, when the refraction error had been corrected, the epilepsy would continue, generally in a modified form in consequence of other irritation, even though the error of refraction might have been the exciting cause of the epilepsy.—*The Lancet*, October 28, 1893.

TREATMENT OF EPILEPSY.—In the *Liverpool Medico-Chirurgical Journal* Dr. Alexander utters a word of warning against the indiscriminate use of bromides in cases of epilepsy, a warning which, we venture to say, is not unneeded. Nevertheless, in the great majority of cases, no other drug is so efficacious, and it is only in rare cases that it is completely contra-indicated. Dr. Alexander has observed good results from the combination of borax with bromides, especially with bromide of sodium. In twenty-six cases in which this combination was administered the fits were arrested for several months in nine cases; in seventeen they were diminished in frequency, while in one the attacks were uninfluenced, and in another they became more frequent. But perhaps the benefits of this treatment are more uniform in regard to the mental condition of the patients. Even in those who were subject to post-epileptic mental disturbance, and in others who remained dull and stupid for several days after a fit, the mental disturbances entirely disappeared. There are, however, certain drawbacks to the administration. The full dose sometimes produces gastric troubles, flatulence and loss of appetite. But this inconvenience is usually got rid of by care in administering the drug after food, and by caution in increasing the dose gradually. Skin eruptions may also be produced, especially after continuous administration for some time. These may be accompanied by intolerable itching, but the eruptions are said to subside usually even without discontinuing the use of the drug. Loss of hair, which may be complete, is a much more serious inconvenience. Dr. Alexander's experience seems to comprise that of previous observers in regard to the efficacy of borax in certain cases of epilepsy.—*The Lancet*, December 16, 1893.

THE RELATION OF THE PATELLAR-TENDON REFLEX TO SOME OF THE OCULAR REFLEXES FOUND IN GENERAL PARALYSIS OF THE INSANE.—Upon this subject Dr. Charles A. Oliver, of Philadelphia, contributes the following conclusions to the transactions of the annual meeting for 1893 of the American Ophthalmological Society:

The following observations are given as expressive of some of the most important and most certain of the findings that have been obtained in a clinical study of the ocular symptoms of general paralysis of the insane, as found in a large proportion of the male inmates of the State Hospital for the Insane at Norristown, Penn. Although tentative in measure, and not to be found to equal degree in each individual case, yet, by reason of a combination of a large series of similarly related groupings, these observations may be justly offered as showing the relationship existing between the patellar-tendon reflexes and the ocular reflexes in this disease.

With such provisions, and with the hope that these studies may serve as inducements to others for similar research, the following formulations are herewith offered:

1. In some of the cases in the second stage of the disease, especially when the patellar-tendon reflexes were unequally exaggerated, there appeared to be an irregular and unequal spastic innervation of the two irides, causing irregularities in pin-point pupil-forms.

2. In a few cases, especially in the third stage of the disorder, when the patellar-tendon reflexes were unequally diminished, and the pupil size though small and its shape somewhat irregular, the iris seemed to be acted upon but little by any powerful mydriatic.

3. In many cases, especially in comparatively young subjects in the third stage of the disease, when the patellar-tendon reflexes were unequally diminished, there appeared to be an unequal paralytic innervation of the two irides; the pupillary dilatation manifesting itself at times, though not as a rule, in the eye with the greater amount of objective optic nerve-head degeneration and retinal change.

4. In a few cases, especially in men beyond middle life, in the third stage of the disorder, when the patellar-tendon reflexes were markedly diminished and when the ataxies were quite pronounced, there were marked temporary asymmetries of pupillary form, one often being quite small and irregular for several examinations, while its fellow was large and ovoid or oval.

5. In quite a number of cases, especially in the advanced stages of the disease, when the patellar-tendon reflexes were either unequally exaggerated or diminished, there was a failure of the irides to respond to even major degrees of light stimulus; this being true not only for those subjects exhibiting a true spastic myosis, but more especially shown in those instances in which, with partial dilatation of the pupil, mydriatics failed to act.

6. In many instances, especially in the older cases, when the patellar-tendon reflexes were, as a rule, unequally diminished or even lost, there was not only failure of iris-response to the strongest light-stimulus carefully thrown upon the retina, but, when obtainable, the irides seemed to fail to react to the various coarse and rough subjective and objective procedures necessary to be used in order to evolve both separated and associated efforts for accommodation, and associated efforts for convergence.

7. In some instances where ciliary muscle innervation could be satisfactorily obtained, both the spastic excitation and the paralytic enervation at times found by subjective reading tests and objective study with the retinoscope, seemed to be in direct ratio with the patellar-tendon reflexes as the iridic changes.

8. In quite a number of cases where there was marked inequality of the pupils, with more or less want of reaction of the irides of light stimulus, the patellar-tendon reflex on the side of the larger pupil seemed to be the more greatly diminished.

9. In a number of instances, especially during the very earliest stages of the disease, when the patellar-tendon reflexes were beginning to lessen to unequal degrees, there often appeared momentary secondary ataxic dilatation of the pupil during exposure to strong light-stimulation.

10. In many cases, especially during the second stage of the disorder, when the patellar-tendon reflexes began to become irregular and inconstant, pupillary inequalities as expressive of unequal iris innervation and action, became more and more constant.

THE RELATION BETWEEN INSANITY AND OTHER DISORDERS.—In the *Przeglad Lekarski*, Ladislas Kohlberger states that the source of mental diseases is not only in the brain itself, but in all the organs. For this reason no pathological changes are found in the brain in many mental diseases, and when with time they do appear they are consecutive, but not primary. Hence mental disorders are deservedly classed as primary and secondary, although it is not always possible to determine their origin, nor to strictly distinguish whether we have to do with primary or secondary disease. At any rate, in examining and diagnosing the psychic condition of a man, we must closely and minutely examine the whole organism, and not omit any change in any organ, though seemingly insignificant, since experience teaches us that very serious changes in the functions of the brain arise from insignificant changes, either in the nervous or in other organs. This rule is not always closely followed, and physicians very often do not minutely examine the entire organism. For this reason we have neither strictly scientific divisions of mental disorders nor exact indications for their proper treatment, diagnosis and prognosis: we can rely only upon certain morbid symptoms. As regards prognosis we have practically no sure basis.—*The Universal Medical Journal*, December, 1893. J. M. M.

ALTERATIONS OF THE NERVOUS SYSTEM AFTER THYROIDECTOMY.—Capobianco (*Riforma Medica*, 1893), has made a histological study of the changes in the central and peripheral nervous organs after extirpation of the thyroid gland in dogs. He found that when the extirpation was complete it was always fatal in from four to twenty-one days after the operation. He concludes that the cause of death is a toxic substance that is eliminated by the thyroid. The temperature of the dogs falls progressively from the time of the operation till death, but rises considerably during convulsive seizures.

Degenerative lesions are found in the nerve-cells of all parts of the central nervous system, consisting in granular degeneration and vacuolation: they appear earliest in the cerebrum. In the medulla oblongata the nucleus of the hypoglossal nerve is most constantly affected. In the spinal cord both grey and white matter are involved, with predominance of the changes in the anterior horns and the crossed pyramidal tracts. The roots of the spinal nerves present important degenerative changes.—*Revue Neurologique*, May 30, 1893.

BERI-BERI AND ALCOHOLIC NEURITIS.—Lacerda, of Rio Janeiro, has often observed the disturbances of memory which Charcot considers characteristic of alcoholic neuritis in beri-beri, and accordingly holds that they are not pathognomonic of the former affection. The diagnosis between the two diseases is often very difficult, especially if, as often happens, beri-beri

attacks an inebriate. He has found that affections of the sympathetic system are a prominent feature of beri-beri, and an important aid in diagnosis between that affection and alcoholic neuritis. In the former disease there is tachycardia, with soft murmurs at the base of the heart, reduplication of the second sound, diminution of arterial tension and dilatation of the right heart. The pneumogastric and phrenic nerves are early and profoundly influenced by the poison of the disease, and pressure on the latter may induce remarkable disturbances of respiration. These symptoms are not found in alcoholic neuritis.—*Ibid.* June 15, 1893.

ANTIPYRINOMANIA.—Cappelletti (*Ric. Sperimnt. di Frenat.*, March, 1893), treated a hysterical woman, 25 years of age, who had increased the dose of antipyrin, taken, at first, under medical direction, for the relief of headache, until she was taking eight grammes per diem. Her headache did not improve and any diminution of the dose of antipyrin brought on an attack of nervous excitement. The author at first attempted a sudden reduction of the dose, but it was followed by nausea and vomiting, complete anorexia, pallor, extreme feebleness of the pulse, general depression, and subsequently convulsions, loquacity and hallucinations, and he was obliged to resort to slow and gradual diminution of the dose, with administration of chloral, bromide, sulphonal and prolonged tepid baths. Recovery was slow and painful, but complete.—*Ibid.*, June 21, 1893.

AKINESIA ALGERA.—At the meeting of the Neurological Society of Kazan, March 23, 1893, Bechterew reported the case of a soldier, twenty-three years of age, who, ten years previously, received an injury and fright, from the passage of a vehicle over his feet. He lost consciousness, and was laid up for about two weeks. From this time on, he noticed diminution of cutaneous sensibility, with muscular pain, and weakness of the legs in walking. At the age of fifteen he became subject to somnambulism, which lasted two years. Of late he had suffered from feeling of lassitude, indisposition to work, and attacks of stupor. He had twice been sent to the military hospital and returned, for the lack of objective symptoms; finally he had been admitted to the section for nervous diseases.

At present, there is complete analgesia of the skin, with absence of tactile, thermic, and electrical sensibility. Taste, smell and sight are enfeebled, and there is retraction of the visual field, but colors are perceived. Smell is absent. The muscles are extremely sensitive to pressure or percussion; slight compression of any muscle, not excepting those of the tongue, is painful. Movement, whether active, or passive, is also painful; walking is very difficult, and can only be kept up for a few steps. Muscular sense is wanting, but there is no ataxia, and no loss of equilibrium. The tendons and bones are also painful on pressure. Knee-jerks are normal, and there is no foot-clonus. Muscular power greatly enfeebled. He suffers from insomnia, loss of appetite, headache, sense of compression on

the chest, attacks of palpitation, and general weakness. Usually the patient remains in bed.

The author does not believe the hyperæsthesia to be of psychical origin, at least exclusively. He refers to a description of a similar condition by Mœbius, in 1891, under the name of akinesia algera.—*Ibid.*, July 15, 1893.

Colored Hearing and Analogous Phenomena.—E. Gruber, in a communication to the French Association for the Advancement of Science, April 1, 1893, states that colored hearing is only the most conspicuous instance of a great variety of associations between different senses. Thus, sensations of color may be taste, smell, tactile sensation, temperature and resistance. In like manner, auditory sensations may result from vision, taste, smell, and cutaneous and muscular sensations. The same is true of taste and tactile sensibility. He studied the phenomena of colored hearing on a subject who had the faculty of projecting his sensation on a blank space, where they appeared in the form of circles of varying size according to the letter or number exciting them.

He is disposed to consider these phenomena as merely irregularities rather than pathological states.—*Ibid.*, July 30, 1893.

Case of Aphasia with Right-Sided Hemiplegia.—Reported by Moltchanoff to the Moscow Neurological and Psychiatric Society. The patient, a man of intemperate habits, had a paralytic attack, two years before his admission to hospital, which left him with left hemiplegia and amnesic aphasia with word-deafness.

It was ascertained that he had always been right-handed previously to the attack. At the autopsy, two foci of softening were found, in the right hemisphere, one occupying the posterior part of the first temporal convolution, the other in the third frontal. No lesion was found in the left hemisphere.—*Ibid.*

Recent Definitions of Hysteria.—Under this title P. Janet discusses the nature of hysteria, and the various attempts that have been made to sum up its characteristics in definitions. He reiterates the views, already noticed in these pages, in regard to the duplication of personality and narrowing of the field of consciousness which characterize the disease; calls attention to its connections with spontaneous somnambulism and hypnotic conditions, both of which he considers essentially hysterical phenomena, and to its many points of identity and similarity with neurasthenia, or, as he prefers to call it, psychasthenia. He comes to the conclusion that hysteria is a "mental" disease. The various bodily disturbances —visceral, vaso-motor, and trophic disorders observed in it, he believes to be secondary to the cerebral trouble. He sums up his views in the following rather prolix definition:

"*Hysteria is a mental disease belonging to the considerable group of diseases of degeneration. It has only vague physical symptoms, consisting specially in a*

general impairment of nutrition, it is above all characterized by moral symptoms; the principal one is a weakening of the power of psychological synthesis, a retraction of the field of consciousness; a certain number of elementary phenomena, sensations and images, cease to be perceived and seem suppressed from personal perception, constituting the stigmata; from this results a tendency to complete and permanent division of the personality, to the formation of several mutually independent groups of phenomena; these systems of psychological events may alternate or coexist, giving rise to attacks, somnambulism, or subconscious acts; finally, this want of synthesis favors the formation of certain parasitic ideas which develop in entire independence of the control of the personal consciousness, manifesting themselves by the most varied disturbances, purely physical in appearance, that is to say, by accidents." Summarizing the above in a few words, he would say: "*Hysteria is a form of mental disintegration, characterized by the tendency to complete and permanent duplication of personality.*"—*Arch. de Neurol.*, June and July, 1893.

DIFFERENTIAL DIAGNOSIS OF HYSTERICAL AND ORGANIC PARALYSES.—Freud, premising that hysteria always simulates cerebral paralysis and never that of the periphero-spinal portion of the nervous system, finds the following points of difference between the paralyses of organic cerebral disease and those of hysteria:

In cerebral paralysis the peripheral segment of the limb is always more affected than the central portion. In hysteria the fingers or toes may be freely moved while the central segment of the limb is absolutely inert.

Hysterical paralyses are apt to be at the same time more intense and more sharply limited than those resulting from organic disease. It may be laid down as a rule that whenever there is absolute motor paralysis of a group of muscles from brain lesion other muscles will be more or less affected. In organic cerebral hemiplegia the lower segment of the facial nerve is involved, while it is exempt in hysterical hemiplegia. Absolute anæsthesia is extremely common in hysterical cases, and almost unknown in organic paralysis. In hysterical aphasia the patient will be unable to speak a word, or may be absolutely aphasic for one language while retaining complete command of another, the former of which conditions is very uncommon, and the latter unknown, in organic aphasia.

Hysterical motor paralyses are much more commonly accompanied by anæsthesia than those resulting from organic lesions, in which, as a rule, anæsthesia is slight and transient.

Certain forms of paralysis, such as that of the inferior portion of the facial nerve, and hemianopsia, have never been described as results of hysteria.

Finally, hysterical paralyses are independent of the anatomy of the nervous system. The leg, the arm, or certain portions of each limb, may be paralyzed, while other muscles supplied by the same nerves are intact.—*Ibid.*, July, 1893.

SEDATIVE ACTION OF DUBOISINE SULPHATE IN INSANITY.—Marandon de Montyel reports on 35 cases in which he has administered this drug during

the day for its sedative effects. Eleven of the patients were general paralytics, 10 maniacs, and 14 melancholics. It was administered hypodermically, in two equal doses, at 9 A. M. and 3 P. M. The daily dose varied from 2 to 4 milligrammes. In 22 cases the administration was continued more than a month.

He finds that it is a true sedative, causing, in a large proportion of cases, cessation of excitement without paralytic symptoms, such as follow the use of hyoscyamine. It seems to require the quiet of night for the exercise of its unquestionable hypnotic properties; administered as above described, the patients at the most, took a nap of an hour or two in the middle of the day. In many cases maniacal excitement disappeared as if by enchantment, and the patients assisted in the work of the ward. Its quieting effects continued, in a number of cases, for several weeks after the cessation of its administration. Drawbacks to its use are, the occurrence of tolerance in a certain proportion of cases, when increase of the dose does not produce the original effect: dilatation of the pupils with dimness of vision; dryness of the throat, bad taste in the mouth, loss of appetite and nausea, and, after prolonged use, failure of nutrition with progressive emaciation, making it necessary to suspend the use of the drug.

It proved most efficacious in general paresis, then in acute melancholia and chronic mania. Cases of acute mania were not, with one exception, benefited by it, and it was comparatively of little value in chronic melancholia.

The author considers it a drug of great and unique value.

Protective Apparatus of Paranoiacs.—Mercklin discusses this subject, *apropos* of a patient received into the Lauenburg Asylum, wearing a belt and wristlets of his own manufacture, which restricted the movements of his hands to such an extent that he could not raise them to his face. The patient had been insane since 1875, but had suffered more especially since 1889 from persecution by means of the "national hallucination machine" (Reichshallucinationsmaschine). Electric currents were passed through his arms, compelling him to inflict injuries on his face. In order to free himself from this "electrical compulsion," he had devised this apparatus, with which he dispensed very unwillingly. He mentions a number of other cases of the sort—amongst others, a patient received in the same institution, wearing a suit of armor which he had manufactured out of odds and ends of wire, chain and scrap iron, weighing twelve kilogrammes (about 24 lbs.)

Such apparatus is only a part of the measures taken by such patients to defend themselves against their persecutors. It varies with the character, circumstances and education of the patient, but more especially with the nature of his hallucinations, which it may be the means of detecting in the case of patients disposed to dissimulation. They are most frequently used in defense against hallucinations of hearing and general sensibility, and are most common among patients whose insanity has lasted a number of years before coming under hospital treatment, as they are mostly observed in the latter stages of the disorder.

The question is of interest, whether the patients really experience any relief from their hallucinations by the use of such devices. The author is disposed, from his observation, to believe that they do. It is well known that the hallucinations of the insane may be modified by psychical influences and the apparatus acts by way of autosuggestion. The benefit, however, is transient. If the painful feelings are dispelled in one quarter, they soon arise in another. Thus, the first-mentioned patient had recently experienced electric currents which forced him to strike and pinch the lower part of the abdomen, which was accessible while he wore his belt. Inasmuch as such contrivances have a tendency to isolate the patient, it will seldom be politic to allow them. Systematic occupation is the best means for diverting the minds of the patients of this class from their painful feelings.—*Centralblatt f. Nervenheilk.*, June, 1893.

Infusion of Saline Solution for Refusal of Food by the Insane.—Lehmann gives an account of four cases in which he practised subcutaneous infusion of large quantities of three-fourth per cent. saline solution, after the manner customary in surgical and medical practice, as a substitute for feeding with tube, in patients who refused food. He found that in all cases an improvement in the action of the heart, and in several a temporary improvement of the mental condition, took place. In all the cases related, the patients asked for drink, and in several for food, after the infusion. One died of hæmorrhage from the stomach; the others all came to take food satisfactorily. The author thinks it probable that the saline solution causes a sensation of thirst, and thus excites a desire for drink, and, secondarily, for nourishment. All of his cases were stuporous, and he admits that strong delusions might overpower the desire for drink and food excited by the injection. He considers this method, however, in suitable cases, preferable to feeding by means of the tube.—*Ibid.*

Cases of Hemiplegia without Focal Lesion of the Brain.—Jacobson, Hospitalstidende, 1893, reports six cases of this kind, occurring in the Copenhagen communal hospital.

1. A previously healthy man, 65 years old, awoke one morning with complete paralysis of the left side. Slight giddiness, headache and impairment of speech. On reception, normal temperature, pulse of high tension, congested face, Cheyne-Stokes respiration, and mental dullness, with left hemiplegia, involving the lower facial region, arm and leg. The patient grew steadily worse, and died a week from the onset of the hemiplegia. At the autopsy, atheromatous degeneration of the arteries was found; no other lesion of the brain.

2. A woman, aged 72, suffering from chronic bronchitis, had a sudden attack of giddiness with transient hemiparesis. Two months later she had another attack of giddiness with permanent left-sided hemiplegia. Death two months later from pneumonia. The cerebral convolutions were somewhat atrophic, and the vessels slightly atheromatous. Brain otherwise normal.

3. A man, aged 70, brought into the hospital in a demented condition, with left hemiplegia. Reflexes absent. Contracture of the fingers occurred. Death after few weeks. Sclerosis of arteries, with anæmia of the brain and its membranes.

4. A woman, 67 years of age, who had probably suffered from syphilis, after showing for several days slight cerebral symptoms, had a series of epileptiform convulsions chiefly affecting the left side. One of them was followed by left hemiplegia. Albuminurea. Coma and death in 24 hours. The arteries were sclerotic; brain and membranes otherwise healthy.

5. A boy, 14 months old, who had suffered for some time from pulmonary tuberculosis, was found one morning to have left hemiplegia. Deviation of head of and eyes to the left; convergent strabismus of the left eye. Reflexes of the left side impaired. Death in 24 hours. Nothing abnormal found in brain and membranes.

6. A man, 28 years old, previously healthy, had a series of eclamptic attacks, the convulsions chiefly affecting the right side. After one of them, he had right hemiplegia, with abolition of reflexes and elevation of temperature in the paralyzed limbs. The attacks diminished, but he died after ten days, with continued elevation of temperature. Albuminurea in the last days of life. Nothing pathological found in the brain.

The author has collected 32 similar cases in medical literature, most of which occurred above the age of 60; 12 developed in entirely healthy persons; 10 suffered from uræmia; the remainder from pulmonary tuberculosis, pneumonia, arthritis, lead poisoning and puerperal infection. In the previously healthy persons, all of whom were between 63 and 85 years of age, the vessels, so far as stated, were atheromatous. The author suggests inequality of blood-pressure in the two hemispheres as the explanation of the hemiplegia.—*Ibid.*, July, 1893.

The Value of Electrical Treatment in Sleep-Paralysis.—Delprat, of Amsterdam, during the last ten years, has tested the value of electrical treatment in all cases of paralysis of the upper extremities from pressure of the body during sleep, by comparing the results of galvanic and faradic treatment, according to the accepted methods, with those of sham electrization, testing the progress of the cases by means of the dynamometer. He concludes that the cases in which there was only a pretense of electrical treatment, which were, as a class, the severest, made the most rapid progress. He could determine no difference between the results of galvanism and faradism, but was satisfied that neither offered any advantage over a pure pseudo-treatment, and concludes that whatever value they have in such cases, is merely by way of suggestion.—*Ibid.*, August, 1893.

Hæmatoma Auris.—Pellizzi (*Riv. Sperim. di Frenatria*, 1892), reports five cases of this affection in which a bacteriological examination of the contents of the swelling revealed the presence of micrococci resembling those of erysipelas and of suppuration. He comes to the conclusion that othæmatoma is an infectious disorder, and that traumatism only contributes to its

development by opening a way for the entrance of the infecting micro-organisms. He accordingly recommends treatment by free incision and antiseptic injection of the cavity, and claims, in a case treated in this manner, to have avoided all deformity of the ear.

Tischkoff comes to the conclusion that hæmatoma is due to a necrotic process in the cartilage of the ear. This excites inflammation in the perichondrium, with growth of blood-vessels into the cartilage, which is absorbed and replaced by newly-formed cartilage. The union between the different parts of the cartilage is thus weakened, favoring separation with effusion of blood, which is slowly re-absorbed by the perichondrium. The cavity is filled by connective tissue, which has a tendency to become transformed into fibro-cartilage.—*Ibid.*

TREATMENT OF MYXŒDEMA AND CRETINISM.—Beadles gives a review of the literature of the treatment of these conditions by means of the thyroid glands of animals, with a table of one hundred published cases, and histories of four cases which had been under his observation at the Colney Hatch Asylum, of which two were very greatly benefited, and the other two distinctly improved, although the benefit in their cases was not so great as in the first two. The latter cases were comparatively recent, and he is inclined to believe, from his experience with them, as well as from cases reported elsewhere, that more is to be expected from this treatment in old than in recent cases.

The results of the treatment, as shown by the reported cases, are most encouraging, often amounting to a practical cure of the disease. The hypodermic injection of an extract of the gland, and the administration by the mouth of the glands themselves and of liquid and dry extracts, all have proved efficacious. In view of the formerly hopeless prognosis in this disease, the results obtained by this treatment must be considered a great triumph of therapeutics.—*Journal of Mental Science*, July and October, 1893.

SULPHONAL FOR FASTING PATIENTS.—Brough gives the histories of five cases of melancholia in which the patients, who had refused food for longer or shorter periods, took it voluntarily after the administration of sulphonal, mostly in doses of from thirty to fifty grains. In view of the difficulties and dangers of feeding by force, he thinks that this measure will prove a valuable substitute, in case his experience should be confirmed by further observations.—*Ibid.*

PACHYMENINGITIS INTERNA HÆMORRHAGICA.—Bristowe reports two cases occurring in the Somerset and Bath County Asylum. Both patients were middle-aged men, and presented the clinical features of general paresis. The first died from convulsions. At the autopsy the dura mater was found to be adherent to a sac, containing apparently fresh blood, which covered the whole lateral and upper surface of the brain with the exception of the median area. The sac was also adherent to the thickened pia mater, to

which it was connected by fibrous processes containing blood-vessels. The membrane composing the sac was found, on microscopical examination, to be composed of fully developed vascular fibrous tissue, destitute of epithelium. It contained no crystals of hæmatoidin, and there were no signs of old clotting.

The second patient died after gradually developing coma, preceded by clonic spasms of the left arm. *Post mortem*, a sac of false membranes was found, on each side of the brain, covering the frontal, parietal, and occipital lobes, on the upper and lateral surfaces, with the exception of the parts immediately adjoining the longitudinal fissure, and slightly adherent to the pia mater. The left sac contained fluid blood, with a few recent clots. That on the right side contained only a few drachms of colorless serum. The false membranes on this side were very thin, and semi-transparent. On microscopical examination it was found to be only slightly vascular. The other was more vascular; was blood-stained, but contained no trace of hæmatoidin or clot. In this case there were no large vessels leading from the pia mater.

The author discusses the view that this condition is due to compensatory hæmorrhage after shrinkage of the brain, and concludes that the appearances in these cases are inconsistent with it, especially in the second, in which the colorless sac presented no evidence of ever having been in contact with blood.—*Ibid.*

The Epileptic Interval.—Browning, of Brooklyn, has studied the abnormal conditions observed in 150 epileptics seen in dispensary practice, in the intervals between their convulsions. His paper is so much condensed as not to be very well adapted to further distillation. Some of the more interesting points may be summarized as follows:

I. Eye.—Inequality of the pupils was observed in 16 out of 150 cases examined. It varied somewhat in degree and constancy. Out of 84 males, 12 presented this symptom—the numbers for women being four and 66 respectively. Only three of the cases were over 22 years of age, out of two-thirds of the whole number examined.

Oscillation of the pupils was found to be one of the most constant phenomena. Out of 41 patients examined with reference to this point, only two absolutely negative results were obtained. On the other hand, among 56 epileptic insane examined by the author at the St. Johnsland Asylum, this phenomenon was not dismarked in any case, and was absent or so slight as to be doubtful in 33.

Another condition which was frequently found, although no record was made of the number of cases, was an apparent thickening of the iris, extending from the periphery to the zone of the constrictor pupillæ, with loss of the normal mottled appearance of the iris. During contraction, this altered portion of the pupil remains immobile.

Easily recognized weakness of one or more of the external ocular muscles was observed in 10 out of the last 67 cases. All of these 10 were under 21 years of age, while 24 of the cases examined were over that age.

II. Heart.—No mention of the pulse or heart is made in the notes of 36 cases. In the remaining 114, abnormalities were discovered in 98.

Evidence of valvular lesions was found in four, besides the same number of others in which the sounds were obscure.

Abnormally rapid pulse was observed in 53 cases; in two, both children, it ran as high as 120. This symptom can be controlled by digitalis, but requires a very careful adjustment of the dose.

Weak pulse was noted in 29 cases, exclusive of those suffering from valvular diseases.

Irregular cardiac action was found in 10 cases: variable speed in 45: variable force in 10. Irritable heart, unduly affected by slight exertion, was only noted in 12 cases. The proportion of functional anomalies was much larger than was found in patients of corresponding age suffering from other diseases. From the fact that cardiac disturbance may occur as a premonition of the seizures, and that regulating and strengthening the heart's action in cases of organic disease may be sufficient to hold the convulsions in check, he concludes that they are due to some nerve-influence, not confined to the time of the convulsions. He has found the prolonged use of digitalis of benefit in a considerable proportion of cases—in some, of even more use than the bromides. In order that it may be long continued, it should be given in small doses, not exceeding a drachm and a half per week. Two drachms per week is the maximum, even for short periods. It may be gradually diminished to half a drachm before stopping. He condemns the use of tobacco, especially by the young, and thinks tea, coffee and alcohol also injurious in most cases.

Special respiratory phenomena during the interval would not seem to be unduly common among epileptics.

In respect to the digestive system, a poor appetite was noted in 20 cases, large appetite, often for particular kinds of food, especially meats, in 22, and true bulimic attacks in 6, usually preceding the seizures. The author does not approve of starvation cures in epilepsy, and finds that cases that have been subjected to severities in diet often improve, in respect to their convulsions, on receiving proper nourishment. Constipation is frequent. The alvine discharges often contain unmasticated and undigested food, sometimes composing a large proportion of the stool.

Of nervous symptoms, apart from the convulsions, some form of tremor was observed in 12 of 85 consecutive cases. In six it was more or less unilateral. He does not give the number of cases of chorea in epileptics, but mentions two cases in which there was an alternation of chorea and epileptic attacks. Fourteen of the cases were more or less extensively paralyzed.

Headache is a frequent complaint, being noted in 33 cases.

None of the author's cases were real imbeciles, and only three could be fairly classed as weak-minded. The author enumerates the various mental and moral perversions that may result from epilepsy, and mentions one trait which he says is more frequent in bright epileptics than other children—a tendency to do all sorts of unhygienic acts, without any apparent reason.

In conclusion, the author urges the importance of studying the phenomena

of the interval with a view to the indication for treatment. Not only may the treatment of the various symptoms have a favorable effect on the convulsions, but they may furnish a valuable means, independent of the frequency of seizures, of judging of the progress of the case.—*Journal of Nervous and Mental Disease*, 1893.

Porencephalus without Clinical Symptoms.—Biroulla reports, in the *Messager de Psychiatrie et de Neuropathologie*, the autopsy of a soldier, who died of peritonitis. He was physically able-bodied, fairly intelligent, could read and write, and was not left-handed. On opening the cranium, there was found a partial atrophy of the left cerebral hemisphere with porencephalus. The left hemisphere weighed 129 grammes less than the right, the atrophy involved the ascending convolutions and the adjacent parts of the frontals, and a tunnel-shaped focus of sclerosis was situated at the intersection of the superior frontal and paracentral sulci. It did not communicate with the lateral ventricle. The parietal, temporal and occipital lobes were normal. On section, numerous irregular cavities, ranging up to 2½ cm. in diameter, were found in the cortex and white substance; they were most numerous in the pons and the ganglia. Histological examination failed to show any connection between the cavities and the focus of sclerosis.

The descending degeneration could not be traced below the decussation of the pyramids. The sclerosis was considered to be of vascular origin: the cavities which were bounded by entirely healthy tissue, to be dilated lymphatic spaces.—*Revue Neurologique*, Aug. 15, 1893.

Leprosy and Trophic Neuroses.—Zambaco Pacha (*Semaine Médicale*, 1893, No. 37), takes the ground, as the result of researches in the Orient and in France, including an examination of Morvan's patients, that Morvan's disease, Raynaud's disease, sclerodermia and sclerodactylia are nothing but attenuated forms of leprosy, as shown by the fact that all these syndromes are found in undoubted cases of leprosy, and that leprosy may ultimately develop in cases that began with these various conditions. Leprosy may produce all the symptoms attributed to syringomyelia. A bacteriological diagnosis is not possible, as Hansen's bacillus cannot always be found in leprosy.

He is fully convinced that heredity is an important factor in the propagation of the disease, and instances the Jews of Constantinople, descendants of those expelled from Spain, among whom it is prevalent, while it has not spread to the Mussulman population.—*Ibid.*

Intermittent Hydrarthroses.—Ferè reports three cases of this condition. The first occurred in a woman, 38 years of age, under treatment for the morphine habit. On attempting to reduce the daily dose below 60 gm., the patient was attacked shortly before the hour for the injection, by a painful swelling of the left knee, which reached a considerable volume in the course of an hour. There was no heat nor redness. A few minutes after the

injection the pain ceased completely, and in the course of an hour the swelling had completely disappeared. The same phenomena recurred on several successive days, and it was noticed they coincided with diarrhœa and a discharge from the nose which had previously troubled the patient during her treatment. The hydrarthrosis gradually diminished, and disappeared in the course of a week, notwithstanding that the dose was not increased, by changing the hours for the injections.

In the second case, a woman of hysterical antecedents, aged 27, suffered from intermittent hydrarthrosis with various other nervous symptoms, in consequence of mental distress. When seen by the author, she had, every morning, œdema with blueness of the lower extremities, and double hydrarthrosis of the knees, disappearing entirely in the afternoon. She also suffered from pain in the left ovary, pressure on which excited the sensation of globus, painful mammary and spinal points, pharyngeal anæsthesia, anæsthesia of the skin in patches, and acromatopsia. All these symptoms diminished in the afternoon. The patient improved under the use of hydrotherapeutics, oxygen, iron, ergot and bromide of strontium, but had not completely recovered when she left Paris.

The third case, a man, aged 32, had suffered with epilepsy from infancy. Without obvious cause, he was attacked, first with swelling of the left temporo-maxillary articulation, subsequently of both knees, without pain, except the feeling of distention, and without appearance of inflammation. After appearing and disappearing several times, at irregular intervals, the swelling became permanent in both knees, and resisted all treatment. After some weeks, the patient resumed his employment, which he had followed for three years, without modification of the hydrarthrosis.—*Ibid.*

CHLORALOSE.—Goldenberg (Thèse de Paris, April, 1893) has investigated the physiological and therapeutical properties of this hypnotic, formed by the action of chloral on glucose. In experiments on dogs he found that moderate doses diminish the frequency of respiration, which is arrested by larger doses. The circulatory system and temperature are unaffected, even with large doses. With small doses, peculiar psychical symptoms are induced. The senses seem intact, but the animals appear to lose all comprehension of their sensations, and remain indifferent to their surroundings. Muscular incoördination and unsteadiness of gait are associated with these symptoms. A sufficient dose induces profound and tranquil sleep, with almost complete analgesia, about three hours after its administration. Sleep lasts from five to eight hours, and awakening is perfect.

Therapeutically, it is a convenient and efficacious hypnotic. The dose, in man need not exceed 0.15 to 0.25 centigrammes(?). Ferè has, however, given as much as 2.5 grammes in a day. Sleep occurs in an hour after administration, and lasts 7 to 8 hours. Awakening is complete, and without malaise.

Chloralose has no injurious influence on digestion or circulation. Occasionally slight tremor, somnolence, headache and disturbances of vision have been noted. Hysterical patients are especially sensitive. There is no accumulation, nor does the dose require to be increased.—*Ibid.* W. L. W.

MENTAL EPILEPSY.—Dr. J. M. Mosher, (reprint from *Trans. Med. Sec. of the State of New York*, 1893), notes under this title the elaborated and complicated acts of epileptics, in pre- or post-paroxysmal attacks or in the so-called "psychic equivalents." Mental epilepsy he says is "a psychosis characterized by 'occasional, sudden, excessive, rapid and local discharge of gray matter' not necessarily attended by convulsion, and not limited to any pathognomonic symptom except the nature of the discharge." It is an epilepsy of the psychically functioning cortical regions as distinguished from the ordinary motor type. He reports two cases that illustrate this type and that in their symptoms suggest its intimate relation, like motor epilepsy, with perverted sensations. He rightly distinguishes the fact that loss of consciousness in the ordinary acceptation of the term is not essential to epileptic automatism, but he hardly seems to admit the full extent to which consciousness in its fullest signification, including cognition, may be retained in some of these cases. The phenomena of hypnotic conditions are especially suggestive in this connection and throw much side light upon the subject.

The paper is a very well written one, though almost too brief, and it calls attention in a very able manner to an important subject.

OPHTHALMIC MIGRAINE AND TRANSITORY PSYCHOSES.—Mingaggini, *Rivista Sperimentale* XIX, II and III, page 216, October, 1893, publishes reports of four cases of patients in whom attacks of temporary furor occurred in connection with ophthalmic migraine which he discusses at some length, and states his conclusion as follows: The preceding considerations tend therefore to show that transitory psychopathic conditions accompanied with complete or semi-complete amnesia, are explicable as the outcome of an ophthalmic hemicrania, which, either in its intensity or by its long duration, passes the ordinary limits. As a psychopathological formula the fact may be expressed thus: sometimes there may occur as a result of an attack of hemicrania, especially of the ophthalmic variety, a transient psychosis followed by complete amnesia, when the cerebral vaso-motor disturbance (cramp) causing the migraine, either produces a more than ordinarily intense arterial spasm, or extends itself over a rather extended area of cortical territory. With the adoption of this hypothesis it is needless to assume diverse cortical mechanisms in case the hemicrania (ophthalmic) and the subsequent psychosis are observed in a non-epileptic or, as an episodic phenomenon, in an epileptic.

THE ALTERATIONS IN THE RESPIRATION OF THE INSANE.—Dr. Cesare Rossi, *Rivista Sperimentale* XIX, I, II, October 1st, 1893, publishes a paper on this subject of which the following are the conclusions:

(1.) In mental diseases, independently of any other factor, by the fact alone of the altered function of the psychic sphere, we meet very often alterations in the respiratory movements.

(2.) These alterations cannot be referred to any special nosological form nor to any criterion of classification, except the symptomatic, i. e., they are

referable only to the two fundamental symptoms of exaltation and depression; and are summed up in a hyper- or hypo-activity of the respiratory function, according as one or the other of these symptoms prevail.

(3.) In the depressive form when serious disturbances of the sensory sphere are associated with diminished psychic activity, the respiratory trace presents special characters that can be referred to the feeling of anxiety, and, that reach a very high grade in the typical forms of anxious lypemania.

(4). With the ready emotivity often accompanying depressed mental states, is noted a true emotional tremor of the respiratory muscles, very easily distinguishable from other kinds of tremor.

(5). In paralytics besides the alterations connected with the changed psychic functionality, the respiratory trace shows, perhaps in all cases, in the commencement of the disease, a characteristic tremor, as to the diagnostic value of which, it would not be prudent to make any positive assertions at the present time.

The paper is illustrated by sphygmographic tracings of the respiration in various conditions of melancholia, mania, and paretic dementia. H. M. B.

Detached Hospitals in Connection with Asylums.—At a recent meeting of the British Medical Association Dr. Clouston, in a discussion on this subject, said, whilst an asylum is essentially a hospital in all its parts and managements, yet the strictly medical and nursing functions were apt to become subordinate in some of the wards to the idea of safe custody and kindly care. In fact, general medical conditioning of patients was almost all that was attempted or needed for many of the inmates. There were infirmary wards for the sick, and admission wards for the new cases. Dr. Clouston described how, in reconstructing and reorganizing the Royal Asylum at Morningside, about twenty years ago, he had found two old "refractory" wards, detached buildings, and had converted them into "detached hospitals," making them suitable for treating not only the sick, but also many of the newly admitted cases who were weak and needed much medical care and bodily nursing. He had treated these under specially trained nurses; they were the weak and the melancholic, the puerperal, lactational and pregnant cases; the consumptive, the senile, the paralysed, and those who needed special care. He claimed as the result of now over fifteen years' experience of the system that it had the following advantages: (1) That in these hospitals the diet could be made very varied, and the routine of the asylum dietary set aside; they had their own kitchens. (2) That the nursing is more special and more efficient, and the staff of nurses much more numerous. (3) There is an absence of asylum discipline and routine. (4) That as all the patients there are curable, or need individual nursing and care, it raises the medical and nursing standard for the whole asylum, so the doctors are while in the hospital medical men rather than administrators. (5) They form admirable training schools for the new nursing staff, a very important matter. All the new nursing staff at Morningside are sent there at least three months first, and so get the notion of nursing patients rather than the "keeper" idea. (6) The detachment of the buildings gives distinctiveness of use. They help the doctor to idealize his work to some extent. He

advocated great variety of accommodation in each hospital, namely, dormitory day rooms, dormitories proper, day rooms proper, small three bedded rooms, and single rooms, and that the hospital should be one-storied. The whole idea had spread in Scotland, so that most of the asylums had built or were building such hospitals, and the Scottish Lunacy Commissioners had taken up the idea, and were urging its adoption in some form in all asylums under their jurisdiction.—*British Medical Journal*, August 26, 1893.

CHANGES IN THE URINE IN MYXŒDEMA AFTER THE ADMINISTRATION OF GLYCERINE EXTRACT OF THYROID GLAND.—William M. Ord, M. D., F. R. C. P., and Edmund White, B. Sc., report a case in the *British Medical Journal*, July 29, 1893. A patient suffering from Myxœdema was admitted to St. Thomas' Hospital, April 19, 1893. After careful daily examination of the food and urine she began, on May 1st, to take 20 drops daily of a glycerine extract of the thyroid body of the sheep. The dose was equivalent to a sixth part of the whole thyroid body of the sheep.

For a week previous to the administration of the extract the diet was carefully regulated and remained the same during the whole period of treatment.

After the experiment began a marked increase was observed both in the amount of urine passed and in the quantity of nitrogen excreted. Previously the nitrogen in the urine had been slightly less than that taken in the food but within three days it exceeded the entire amount introduced in the food and remained practically the same while the patient was under treatment. The total nitrogenous excretion was also determined and it was found that the total nitrogen to nitrogen as urea remained about the same as in normal urine, indicating that the nitrogen was still excreted chiefly as urea. The ratio of organic matter was also unchanged, showing that the increase in urine, in addition to water, was urea or other nitrogenous matter.

The patient lost weight rapidly. During the first week it fell from 116 lbs. to 111 lbs. with a further but more gradual loss of 3 lbs. It should be observed in this connection that the patient perspired freely after administration of the extract whereas previously the skin was dry. The temperature was elevated, ranging before the experiment from 96.6° to 98.6°; it was found after the experiment to range from 97.6° to 100°, the maximum temperature being reached on the thirteenth day.

The acidity of the urine was observed to follow closely the quantity of phosphoric acid eliminated this being evidently due to acid sodium phosphate as in normal urine.

The following conclusions were reached as to the result of the experiment:

1. That the urine is increased in volume.
2. That the nitrogen excreted in the urine exceeds the total nitrogen in the food.
3. That the phosphoric acid and chlorine eliminated are practically unaffected.
4. That the increased nitrogenous excretion is chiefly in the form of urea.
5. That the body weight is rapidly diminished.
6. That the temperature of the body is raised.

HYPNOTISM.—A committee appointed by the British Medical Association to investigate the phenomenon of hypnotism report that they have satisfied themselves of the genuineness of the hypnotic state but their observations lend no support to the theory "animal magnetism." They find the hypnotic state attended by mental and physical phenomena which differ widely in different cases. Among the mental phenomena are altered consciousness, temporary limitations of will power, increased receptivity of suggestion from without, sometimes to the extent of producing passing delusions, illusions and hallucinations, an exalted condition of the attention and post-hypnotic suggestions.

Among the physical phenomena are vascular changes, such as flushing of the face and altered pulse rate, deepening of the respirations, increased frequency of deglutition, slight muscular tremors, inability to control suggested movements, altered muscular sense, anæsthesia, modified power of muscular contraction, catalepsy and rigidity often intense. It was found frequently effective in relieving pain, procuring sleep, and in alleviating many functional disorders. In the treatment of drunkenness the results were encouraging but not conclusive.

The committee suggest in conclusion that it should be employed only by qualified medical men, that a female patient should never be hypnotised except in presence of a relative or person of her own sex, and that public exhibition of hypnotism should be prevented by legal restrictions.—*British Medical Journal*, July 29, 1893. R. H. H.

BOOK REVIEWS.

Bidrag till Kännedom om den Progressiva Paralysins Etiologi med Särskild Hänsyn till Syfilis. Akademisk Afhandlung. Af EMIL HOUGBERG, Vndertäkare vid Lappviks Sjukhus. (Memoir on the Etiology of Progressive Paralysis, with Special Reference to Syphilis.) Helsingfors: 1892.

This is an academic thesis of some one hundred and forty pages by the assistant physician of the Imperial Lappvik Asylum at Helsingfors. It deserves special mention from the fact that it treats its subject thoroughly and gives the data from which its conclusions are drawn much more fully than is usually the case.

After an introduction and historical sketch of the literature of the subject of the relations of syphilis and general paralysis or paresis, which fill nearly forty-nine pages, and is most complete as regards European contributions, the author gives condensed hospital notes of exactly one hundred cases of paresis, the total number on the asylum records, ninety-one males and nine females, that were admitted and treated in the Lappvik Asylum, in the seventeen years from 1875 to 1891 inclusive. The whole number of patients during that period was 1,451; the percentage of paretics was therefore 6.89.

Of these one hundred paretics, seventy-four, including four females, had unquestionably had syphilis. In twelve others, nine males and three females, the evidence pointed strongly to syphilis but was not positive,—they could be safely said to have been in all probability syphilitic. In fourteen cases, twelve men and three women, evidence was wanting, but eleven of these had been dead for over ten years, which may serve to account, to some extent, for the lack of evidence. Of the other three one was a woman, 63 years old, which fact may justify a question as to whether her case might not have been more senile than paretic. The other two cases were wandering workmen whose antecedents could not be satisfactorily traced in all respects. The author remarks that any of the fourteen might have had venereal disease, but a history of it was lacking.

His methods of investigating this question seem to have been thorough,—besides questioning the patient and his friends, he searched hospital records, consulted family physicians, etc., and his diagnoses seem to have been carefully determined.

The conclusions of the memoir are stated as follows:

1. Progressive paralysis, which attacks males much oftener than females, is a disorder especially of urban populations, but does not there occur among women of the higher classes?

2. Syphilis has a very great part in the etiology of progressive paralysis, while it does not play any important *rôle* in other psychoses.

3. The outbreak of progressive paralysis, usually between the thirtieth and forty-fifth year of life, does not commonly occur until four or five years after the syphilitic infection.

4. The symptoms of the specific disorder preceding progressive paralysis are commonly relatively mild.

5. In comparison with syphilis, hereditary predisposition, psychic causes, alcoholic excesses, sexual excesses, and traumatism, have only a subordinate part in producing paresis.

6. Of the different forms of the disorder the maniacal type was most frequent, next the demented, and lastly the melancholic.

7. The prognosis is unfavorable. The duration of the disease was under four years in 82.9 per cent., and under two years in 43.6 per cent. Remissions occur.

8. In cases preceded by syphilis there are no symptoms specially characteristic of specific disease.

9. No improvement was observed from auto-syphilitic treatment.

10. At the autopsy no appearances of specially specific character were found.

The memoir is an especially valuable contribution to the literature of the subject and, while the author is conservative, as is seen in the above conclusions, it strongly supports the views of those who attribute nearly all cases of general paresis to specific disease. H. M. B.

I. *Le Progrès de la Reforma du Traitement des Aliénés en France.* Par le Dr. VICTOR PARANT. (The Progress of Reform in the Treatment of the Insane in France).

II. *La Folie est une Maladie non de l'Esprit mais du Corps.* Par le Dr. VICTOR PARANT, Director-Médicin de la Maison de Santé de Toulouse. Extract *de les Memoires de l'Academie des Sciences, etc.:* de Toulouse, 1893. (Insanity is a Disorder not of the Mind, but of the Body).

III. *Les Troubles Intellectuals dans la Paralysie Agitante.* Par le Dr. VICTOR PARANT. (The Mental Disorders of Paralysis Agitans). Extract from the *Bull. de la Société de Médicine de Toulouse,* 1893.

Of these three papers by Dr. Victor Parant, the esteemed French correspondent of the JOURNAL, the first is a very interesting historical sketch of the progress made in the treatment of the insane in France, together with a statement of the present status and methods, and the legislation now pending to amend the law of 1838 which is the basis of all legal regulation of the insane in France. It would seem to have been in the main a very ably conceived law, as under it everything has worked so satisfactorily, and the changes now proposed are only minor modifications that experience has shown to be desirable.

The showing here made is a good one, and there are some things that could be adopted elsewhere with advantage, such, for example, as the societies of patronage to aid needy patients on their recovery.

The second paper is not as might perhaps be inferred from its title, merely a statement of the somatic theory of mental alienation and the arguments in its behalf, but is rather a philosophical discussion on the nature of insanity, following the lines of the author's well known work in La Raison dans la Folie. Dr. Parant is apparently a dualist and therefore will find a certain class of modern thinkers not in full accordance with some of his views. Ac-

cording to him insanity consists of three conditions, in all of which the mind properly speaking is intact; in the first it is only embarrassed in its manifestations by bodily disease, the patient may have full consciousness and logical ability but cannot on account of motor excitement or depression demonstrate it in acts. In the second the intellectual powers are conserved, but are furnished with false premises by derangement of bodily organs, in the way of hallucinations, etc., as in delusional insanity; and in the third condition disease of the brain embarrasses all activity, as in dementia.

The memoir closes with application of these ideas to the theory of responsibility in its medico-legal bearings.

The last of these papers describes the mental complications of paralysis agitans, which Dr. Parant connects unhesitatingly to the neurosis. The insanity, when it occurs, is almost always of the depressive type with irritability and generally with hallucinations and suicidal tendencies. Its tendency is to a rapidly appearing dementia. The paper is an interesting summary of our present knowledge of the subject to which M. Parant has contributed in an earlier publication. H. M. B.

State Commission in Lunacy.—Fourth Annual Report, October 1, 1891, to September 30, 1892.—CARLOS F. MACDONALD, M. D., President, GOODWIN BROWN, HENRY A. REEVES, Commissioners. Index prepared by the Indexer of the State Library. Transmitted to the Legislature April 5, 1893. Albany: James B. Lyon, State Printer, 1893.

The greater part of this volume of 428 pages is taken up with statistics of the various institutions for the insane, public and private, of New York. By calling on all the institutions for replies to the same questions in regard to some of the more important matters of administration and expense, the information is presented in a form convenient for comparison—a point which will be appreciated by those who have tried to extract the data for comparison from the published reports of such institutions. It hardly need be said, however, that in order that such statements may not fail of their utility, care should be taken to have them accurate. When, for instance, we find the per capita expenditure for poultry at the St. Lawrence State Hospital given as $64.58, while at none of the other State hospitals it exceeds $0.57½ (p. 125), it would seem probable that the patients at the former institution must live mainly on roast turkey, and one's ideas of the luxury prevailing there are rudely dashed by turning to p. 95, where the figures are the same with the slight difference that the point is two places further to the left. However, we presume that the Commissioners are not personally responsible for the discrepancy, and that it is not a fair sample of the general accuracy of the tables.

It seems to us, on the other hand, that the value of these statistics might have been much enhanced by the embodiment of information which may fairly be presumed to be in the possession of the Commission, in the way of comment on the differences between the various institutions. We find, for instance, that the per capita cost of fuel at the Rochester Hospital is $5.92, at the Buffalo Hospital, $10.38, and at the St. Lawrence Hospital, $34.29. To what is the difference attributable? If due to the plan of construction, is

there enough difference in the comfort of patients, or enough saving in other respects to compensate for the greater expense in the last-named institution?

The Commissioners condemn "the present hap-hazard and irresponsible methods" of administration, and, by implication, bring charges of "negligence, waste and extravagance," without stating whether or not they are universal, and if not, who are to be praised and who condemned. Bare statistics, such as are here offered, do not give sufficient data for the decision of such questions, and fairness would seem to require that such accusations should not be made promiscuously.

The most interesting and important part of the report is that which embodies the recommendations of the Commission in regard to legislation. It is natural, we suppose, for men in such a position to magnify their office, and when they have found, or think they have found, abuses, to believe themselves the most suitable persons to rectify them. They desire absolute and minute control of all the expenditures of institutions of the insane. This, of course, abolishes what has been one of the most important functions of the boards of trustees of these institutions, and substitutes central for home rule.

We do not believe that the trustees of a local institution should be given unlimited power of taxation over the taxpayers of the whole State, as would be practically the case if no limitation in the matter of expenditure were put upon the trustees. The Commissioners, from the nature of the case, ought to be more capable and impartial judges, in a general way, than the trustees, of the amount necessary for properly conducting a hospital with a given number of patients. But when it comes to a question of particular items, it does not seem reasonable that they should be better judges than those who are on the ground of the way in which the amount available should be divided. The proposed law* forbids any purchases for the hospitals of articles not included in monthly estimates approved in advance by the Commission. It seems to us that the execution of such a law would result, not only in hardship, but often in loss. No human intelligence can foresee all the occasions for spending money that may arise in the course of a month, and unless such estimates were made for improbable contingencies as would open the door to extravagance, a lack of necessaries would often be inevitable.

Granting all that can reasonably be claimed in regard to the superior qualification of the persons composing the Commission over those constituting the boards of trustees, we do not believe that the interests of the insane in the State would be furthered by reducing all the hospitals for their treatment to a dead level of uniformity. We believe that more progress with much less friction would result from a system which, allowing free play to individuality, provided for a presentation of the facts, with comparison of results, and fair but unsparing criticism of methods, before the bar of public opinion.

The Commissioners very properly call attention to the anomaly of the counties of New York and Kings bearing the entire expense of the support of their own insane while paying nearly half the expense of the remainder

* [It is substantially the law that was passed last winter].—Eds.

of the State on that account, as well as to the fact that the remedy is in their own hands, by coming into the State system.

They take the ground that there has been no increase of insanity, in proportion to population, of late years, and give a table of percentages, without stating from what data it is compiled, showing that the annual increase in New York for the last five years has been less than the average for the last twelve years.

The index, so far as we have tested it, is well done—a feature of importance in a book of this kind. W. L. W.

The Tenth Annual Report of the Committee on Lunacy of Pennsylvania.

The Tenth Annual Report of the Committee on Lunacy of Pennsylvania, begins with reference to the awakened public interest in all defective classes, especially the insane, which has marked the decade closed by the report.

On November 15, 1892, the population of the five State hospitals, at Harrisburg, Danville, Warren, Dixmont and Norristown, was 5,409 patients, an excess of 1,074 over the recognized capacity of these institutions. The problem of additional accommodation thus thrust upon the State government, is discussed at length by the Committee, and results in a recommendation for more general construction in the existing hospitals, of congregate dining-halls. It is estimated that the conversion of old ward dining-rooms into dormitories would provide for more than the excess in the four first named hospitals, and further accommodation for the relief of the Norristown Hospital, a pioneer in the establishment of congregate dining-halls, will be afforded by the early occupation of parts of the new chronic asylum, now well along in construction, near Wernersville. This reversion to a separate institution for the chronic insane affords a striking illustration of the difficulties in the path of State care, and forcibly recalls the agitation in New York which culminated in the Willard Asylum. The advocates of Willard accepted class discrimination only as the alternative for abuse and neglect of the chronic cases who had so long baffled the resources of the smaller so-called acute hospitals. The success of Willard in caring for large numbers has revealed the direction in which universal provision is possible; the mass having been properly domiciled, the isolation of the few acute cases in special wards or small, suitably constructed buildings, renders the district hospital scheme of easy adaptability. The successful elevation, or better, the spontaneous evolution, of Willard from a chronic asylum to a district hospital, is at this early date of State care in New York, regarded by the Commission in Lunacy as one of the distinctive features of its administration.

With the relief to be afforded by the asylum at Wernersville, it is to be hoped that the district hospitals of Pennsylvania may be restored to their legitimate work, in the active treatment of acute cases. Routine treatment of a large population will yield to individualization, without which no progress can be made, and the medical officers, relieved of the duty of preventing personal altercation and friction between patients, will resort to the legitimate field of their education and training, in the delights of clinical investigation and the luxuries of the laboratory.

The time has come when the awakened public interest cited by the Committee, demands of the hospitals more than custody of patients and protection of the community. The results of treatment are the criteria upon which institutions for the insane must base their claim for favorable consideration. The high professional character of the Lunacy Committee leaves no room for doubt that in the regeneration of the Pennsylvania hospitals, incident upon extension of accommodation, projects for scientific advance, and the instillation of purely medical and hospital methods will receive its hearty and intelligent support.

The report contains the usual statistical information and the record of investigations by the Secretary, of alleged abuse, by which, it is a pleasure to record, the various institutions have been exonerated from blame.

Papers on "Improved Plans for Treatment of Recent and Recoverable Cases," by Dr. John B. Chapin, and "The Insane in Some Remote Lands," by Dr. Henry M. Wetherill, with "Ceremonies Attending the Laying of the Corner Stone of the Asylum for the Chronic Insane" are appended to the report. J. M. M.

American Administration of Charity in Public Institutions.

This is the paper presented by the late lamented Oscar Craig, Esq., of the New York State Board of Charities, to the recent International Congress of Charities, Correction and Philanthropy at Chicago. Mr. Craig preferred to take the system pursued in the State of New York as probably the best type of the various provisions made in this country for the relief or care of the dependent classes.

Considerable space is given to the history of successive statutes of alien pauper immigration, and it is claimed that under recent and existing legislation, chiefly by the efforts of Dr. C. S. Hoyt, over $25,000,000 have been saved to the taxpayers of the State, by turning back the "invasion of the delinquent, diseased and destitute classes" from other lands. The great changes in the condition and management of County Poor Houses since the year 1868 are also described. It appears the State Board has furnished the Columbian Exposition at Chicago with a "model of a poor house in a rural county." It is expected that the means of classification will be rendered so complete as to dispense with the necessity of public out-door relief.

The various statutory provisions and institutions for deaf mutes, for the blind, and for idiots are fully described, and the attempts to organize a colony for epileptics, which failed from objections made to the expense.

A very clear, succinct history of the lunacy legislation of this State is next given, and the present law of State care is treated as an evolutionary development from the Willard Asylum Act. It has certainly involved a going back to the former principle of State mixed asylums. Ships do not always sail before the wind: tacking is often necessary, sometimes to the right, sometimes to the left; and that on the whole better expresses our progress in lunacy legislation, than the conventional figure of Darwinian evolution. The weightiest argument for State care was the removal of the care of the insane from county politics, and placing them in all respects

under the direct care of the State as they are the wards of the State's Courts. This, with the colony or group system, as at Willard, Ogdensburg, and Poughkeepsie, allows better classification, and such gradation in medical service as will eventually promote the proper study and treatment of acute cases, as well as the comfortable maintenance of those less amenable to treatment, that have been for a large part of their lives the inmates of county houses.

Next follows the State legislation in regard to the care of indigent and pauper children in orphan asylums, homes for the friendless, and other charitable institutions, most of which have been founded by private benevolence and supported partly by municipal contributions. There are about 500 such corporate institutions in the State with real and personal property amounting to nearly twenty-six millions, and current expenditure of over seventeen millions, more than two thirds of which is due to private charity. Mr. Craig shows very well how this administration of charity is carefully guarded from the danger of pauperising the able-bodied, while at the same time the evils arising from vicious habits in the dependent classes introduce a factor which makes the problem of pauperism well nigh insoluble. It is still a subject of study, and Mr. Craig suggests that the best remedy may be found in classifying the vicious and infirm, as well as vagrant and able-bodied paupers, with the criminal classes, and subjecting them to indefinite detention or confinement. His conclusion is:

"Radical and reformatory legislation is required to protect the State from crime as well as pauperism, by sequestering from society the habitual and hardened pauper, as well as the recidivous criminal, until he reforms or dies."

Handbook for Attendants on the Insane.—Published by authority of the Medico-Psychological Association. Second edition, revised and enlarged. London: Baillière, Tindall & Cox, 1893.

The important task of revising this deservedly popular handbook before re-issuing it was assigned by the British Medico-Psychological Association to the following committee:

H. H. Newington, Chairman; R. Baker, Fletcher Beach, C. MacIver Campbell, A. Campbell Clark, Conolly Norman, H. Rayner, J. Beveridge Spence, A. R. Turnbull, A. R. Urquhart, E. B. Whitcomb.

To Americans these names constitute a full guarantee that the work of revision has been thoroughly done. The scope of the volume has been considerably widened, illustrations and questions have been added, with the result of enhancing the usefulness of the work without in any way carrying the attendant beyond his depths. It will be remembered that this is the official handbook used in Great Britain for the training of attendants, and on which they are examined for the certificate of proficiency of the Medico-Psychological Association. No asylum medical officer engaged in the training of attendants should be without a copy of the new edition of this handbook.

A British superintendent in a recent letter to the writer expressed doubt

as to whether, notwithstanding lectures and certificates, attendants are "very much better than they were. The female attendants are just as much given to change and, as yet, devote themselves largely to trying to get married." American experience has certainly been more encouraging than this in so far as improved nursing is concerned, and we rejoice that, notwithstanding "lectures and certificates," the higher education does not dominate the natural instincts of the sex to the extent of preventing it from making legitimate use of its opportunities in the way of matrimony.

Books Received.

A Manual of Diseases of the Nervous System, by W. R. Gowers, M. D., F. R. C. P., F. R. S., Consulting Physician to University College Hospital; Physician to the National Hospital for the Paralyzed and Epileptic. Second edition, revised and enlarged. (Vol. II). Philadelphia; P. Blakiston, Son & Co., 1893.*

Atlas of Clinical Medicine, Vol. II, Part III, by Byrom Bramwell, M. D. Edinburgh: T. & A. Constable, University Press, 1893.*

* Received too late for review in this issue of the Journal.

LETTER FROM FRANCE.

The Death of Dr. Blanche.

In beginning this letter, I shall perform a duty in paying a deserved tribute of regret to Dr. Emile Blanche, a recent loss to the corps of alienists of France. As the last representative of a generation including a great assemblage of eminent specialists in insanity, Dr. Blanche was not the least estimable of their number. His elegant presence and manners, his kindness to his patients, and his general benevolence were well known and justly acquired for him the recognition and affection of all. Although he produced but few scientific works, he enjoyed a high distinction in the learned world. In medico-legal matters his opinions and testimony carried great weight, and his advice was much sought after in the treatment of mental disorders with which he had a profound acquaintance. His death leaves a universally regretted void in the ranks of his associates.

The Annual Congress of French Alienists.

The annual congress of French alienists occurred at the usual time in the month of August at La Rochelle. This meeting, by the importance of the subjects discussed, is considered as certainly the most remarkable one since these assemblies began. These questions were three in number, viz.: The auto-intoxication in mental diseases; The false testimony of the insane in courts of law; and The societies of patronage of the insane.

The Auto-intoxication in Mental Diseases.

The report on the question as to the action of auto-intoxication was made by Drs. E. Régis and A. Chevalier-Lavaure. It was a masterly one and merits a full abstract. It stated clearly and definitely the object of the discussion; it laid down the facts and developed them so fully, that it is readily followed as a guide and leaves little to be asked.

This question of auto-intoxication is certainly one of the most interesting in mental medicine since it serves to elucidate the etiology of a large number of mental disorders.

There are, in fact, many cases of insanity where neither heredity, organic disease of the nerve centres nor any of those disturbances that we designate as neuroses, can be assigned as a cause. In these cases the mental disorder develops as a result of excessive

production or accumulation in the organism of products that are ordinarily accumulated in much less amounts or are normally eliminated. These substances are under such conditions eminently toxic, and their presence or super-abundance induces mental disorders that are the result of a veritable self-poisoning of the individual.

Those who have given special attention to this subject have found that in the insane, the blood and the various organic liquids, the bile, and the urine especially, have undergone various modifications; their composition changes according to the different types of mental disease. Then, when injected into animals, either into the veins or subcutaneously, they give rise to various accidents and even go so far as to cause death. This is clear proof that they are toxic. It is consequently natural to assume that their toxicity affects the individual in whom they are developed, and he suffers from what we may call an auto-intoxication.

Apart from experimental researches which, however carefully conducted, can only be interpreted in an inexact way, the clinical facts justify the theory of auto-intoxication, and Drs. Régis and Chevalier-Lavaure have rightly given these the most of their attention.

They distinguish three orders of clinical facts and consider separately the mental disorders that develop as a result of acute infectious diseases, those due to visceral disturbances, and lastly those of the diathetic maladies.

The acute infectious diseases (typhoid, eruptive fevers, influenza, erysipelas, cholera, puerperal fever, post-surgical fever, etc.) are often accompanied or followed by mental disorders. To what can we legitimately attribute these, if not to the invasion of toxic elements peculiar to the infectious diseases? Undoubtedly the nervous shock which in some cases is marked, bears a part, but this more often is in itself insufficient to produce the persistent disorder of the mind and the influence of the intoxications on the cerebral functions is much more easily put in evidence.

The mental disorders due to acute infectious diseases may, as appears from the clinical observations, present themselves under two different aspects. During the febrile period, they ordinarily take the form of an acute delirium, the delirium of fever, considered by many authorities as not pertaining to mental diseases, but which has nevertheless many affinities with them. During the

post-febrile period, or that properly called that of convalescence from the acute disorder, the real mental disease occurs. The intellectual disorder, more or less variable in its aspect, is generally made up of derangement of the intelligence, stupidity, obnubilation of ideas, and is, in short, a sort of dementia. The total of the phenomena observed in these states seems enough co-ordinated to form a special clinical species, to which has been given the name of mental confusion. The chief symptoms are: multiple and changeable hallucinations, an unsystematized delirium, a baseless inquietude, alternating with phases of excitement or stupor. Speech and acts are disordered. The sensations, the perceptions of every kind are defective and inexact. Everything is in a condition of great obscurity and in their tranquil moments we perceive that the patients are enfeebled, are in a condition of veritable exhaustion, physical and mental, and of general innutrition. Their digestive tracts are seriously involved, the urine undergoes important changes; we find, according to the case, albumen, sugar, or excess of phosphates. Everything indicates the invasion of the organism by spontaneously formed toxic products.

Drs. Régis and Chevalier-Lavaure offer here an opinion that merits attention and that seems to be supported by certain facts; they ask if infectious disorders are not sometimes the cause of general paralysis. We see, in fact, cases of mental confusion ending in a progressive paralytic failure. Although the delusions are somewhat different, the symptoms of the mental disease are those of general paralysis and its assimilation with that disease seems indicated. For my own part, I believe this opinion is not susceptible of any very great generalization, but that it nevertheless is based upon actual facts. I have seen cases in my practice when in making the diagnosis of general paralysis I have based it mainly on the denutrition here referred to.

Visceral disorders often also produce insanity. This is well known and the earlier authors localized insanity in the liver and the bile. But the view according to which the insanity thus produced is the result of an auto-intoxication is altogether a recent one. Nevertheless the studies on the toxicity of the contents of the intestine have not yet been carried far enough to enable us to consider this question entirely solved,—there yet remains much to be done in this regard. We are certainly more advanced as re-

gards the insanity of hepatic and renal origin, notably uræmia and Brightism, which are eminently the results of spontaneous poisoning of the system,—of an auto-intoxication.

In a clinical point of view the mental disorders of visceral origin do not present as well defined characters as those from the infectious diseases. Generally, in case of an acute delirium, as in uræmic insanity, it may be compared to alcoholic delirium. When the intoxication is slow and chronic, it ordinarily terminates in a melancholic condition.

The third group of mental disorders from auto-intoxication, that of the diathetic insanities, the existence of which is denied by some authorities, but which, from the evidence, we are constrained to admit, is constituted those cases in which, under the influence of a diathesis, arthritism, herpetism, diabetes, cancer, etc., the attacks of insanity, concomitant with the diathetic aggravations, seem to correspond with variations in the composition of the liquids of the organism, notably of the urine, in which the proportion of uric acid is markedly augmented.

A powerful argument in favor of the origin of insanity by auto-intoxication is deduced from the fact that anti-infectious, antiseptic treatment, either general or local, has often given excellent results. Although it is not yet possible to formulate any absolute and definite therapeutics in this line, it is nevertheless well known by numerous observations that in the infectious or auto-toxic insanities, it is to the treatment of the infection or the auto-intoxication that we have, by preference, recourse, in order to combat and cure the mental disorder.

Such, in their main features, are the results reached by the members of the Congress in their discussions. A number of them, especially Drs. G. Ballet, Mabille, Cullerre, Séglas, J. Voisin, Legrain, Charpentier, and Deny, brought their own experience and observations to the support of Drs. Régis and Chevalier-Lavaure. Although, as was wisely said by Dr. G. Ballet, the relations of the auto-intoxications to mental disease are only beginning to be understood, they are nevertheless sufficiently manifest for us to be sure that in studying them we run no risk of wasting our efforts.

The false testimony of the Insane in the Courts.

The subject of the false testimony of lunatics in the courts was handled by Dr. Cullerre in so complete a manner that the discussion was very brief, since hardly anything was found to be added to what he had said.

To speak truly, he treated rather of the testimony of lunatics in general. In so doing he anticipates an important objection, that it has been remarked rightly that, in principal, the testimony of the insane should always be regarded as false and valueless. The point of interest is, in fact, not whether the insane are capable of giving testimony, but whether their testimony, even if true, ought to carry any weight.

It is undeniable that although lunatics are capable either habitually or on occasion of giving accounts of what they have observed, of what has passed around them, and in which they have been involved, if account is taken only of this capacity, it has to be recognized that it is not inadmissible to have recourse to the testimony of a lunatic, and in practice it often happens that an asylum physician uses profitably the facts imparted to him by this or that one of his patients. But he does so and ought to do so only with the most extreme reservations, and never bases his conduct in judgment on that alone. He cannot fully ignore the fact that, by reason of his essential disposition and his disorder, the insane individual is eminently prone to imagine things that are false and to state things erroneously. He falsifies consciously or unconsciously; he does so either in good faith or from habit, but he still falsifies, and this tendency ought to deprive whatever he may say of all authority.

The ways in which the false witness of the insane may be produced are numerous. Some lunatics are impelled to accuse themselves of imaginary crimes or misdemeanors; these are especially the melancholiacs, whose confessions are the logical results of their delusive conceptions. They accept as realities the results of their hallucinations, the memories of a dream, and accuse themselves of crimes they have not committed. Hysterical patients also, under the incitement of hallucinations or dreams, have strong convictions that become to them likewise the basis of a certainty equal to that of actual events. Confessions of imaginary crimes are also met with in the course of certain psychic paroxysms dependent upon hereditary or acquired mental degeneracy. Certain congestive and reasoning cases, and some degenerates suffering from moral insanity, accuse themselves unjustly. They do so from vanity and exaltation of self-feeling; they yield to the desire to pose as heroes and make themselves prominent, or they do it simply from perversity. Their statements may sometimes embarrass

justice, but they are not resistant to a well directed scientific examination.

The insane of these various classes, in accusing themselves as they do, can only injure themselves, and in this point of view they are relatively not to be feared. The case is different with the insane met with of nearly all classes, who direct their false accusations and misrepresentations against others. In the first rank of these are the weak-minded, the ill-balanced, the hereditary and degenerate individuals, the senile insane, and dements of every kind. They are very much inclined to formulate false charges against members of their families and those about them; they complain of spoliation, of thefts committed to their damage, of insults and serious abuse. Amongst the actively insane, the subjects of circular or intermittent insanity are perhaps the ones most to be feared. They throw out the falsest accusations, the most outrageous slanders against every one, even against those who have rendered them services or who ought to be most dear to them. As J. Falret has well said, it is necessary to have lived with such patients to form a correct idea of the infernal lies they are capable of inventing. In persecutory delirium of systematized evolution, the patient makes incessant accusations against his pretended persecutors. While speaking of the persecutory cases, we should give especial attention to that variety called reasoning cases or *persecutés persecuteurs*. In a psychic point of view they are marked by a seeming lucidity of their intellects and by the apparent reality of their grievances. After having selected their victim, they pursue him with extreme malevolence, piling up against him detailed accusations, followed up and presented sometimes in so specious a manner that they seem at first sight altogether credible. The hysterics are also impelled to utter falsehoods and calumnies; they are especially inclined to make complaints of criminal assaults. It is well to remember, nevertheless, that this tendency is not as general nor as absolute as some authors have claimed.

Whatever the class of the insane that accuse themselves or others falsely; whatever may be the character of their false witness; it is of small importance except in so far as it may be taken seriously. It was therefore in this point of view that the question before the Congress had the highest importance. The speakers all laid stress on this point. Dr. Cullerre, moreover, did the same in saying that

these denunciations have no real medico-legal importance, except when they are uttered by lunatics who, by the apparent correctness of their mental state, impose upon an ignorant public and especially upon those whose duty it is to receive their testimony. But cases where actual lunatics may be called to testify before the courts, are assuredly more frequent than at first sight would appear. The insane who live at large are numerous; they often show no distinctive marks revealing them at first sight to the insight and caution of the judge. It is important, therefore, that the attention of the magistrates is called to the possibilities that may arise in regard to this subject, so that, according to the resolution proposed by Dr. Briand and adopted by the Congress, they may be prepared to accept the testimony of the insane only with the utmost reserves.

The Societies of Patronage of the Insane.

Dr. Giraud was entrusted with the report on the third question of the Congress, that relative to the societies of patronage of the insane. He treated in as complete a manner as possible, with the aid of documents carefully collected from all sources, that part of the subject as related to France. Dr. Ladame supplied, for Switzerland, an interesting supplement to his memoir.

The object of the question was to ascertain whether it would not be wise and advisable to generalize the efforts made to insure to recovered patients on their leaving the asylums, the protection and support of which they are so much in need. Of course this applies only to the indigent patients, since others receive usually from their families all the support they require. The indigent patients, however, when they leave the asylums are placed in a very precarious situation. The prejudices in regard to insanity by their consequences to its former victims, weigh heavily against them; their recovery is discredited; they receive no confidence; the situations they hope to obtain are closed against them. More than one unfortunate, in the presence of these difficulties which lead directly to misery, has been impelled to suicide in his despair, or at least to a more or less serious relapse.

It was for the purpose of obviating these dangers the societies of patronage were organized in various parts of France and elsewhere. The first in France was started by J. P. Falret about 1840. Two or three years later, Baillarger and Mitivic founded another. These two, at first of only very modest development,

were for a long time alone. Their idea was to aid, either at their homes or in a special establishment, the needy patients discharged recovered from the Salpétrière and the Bicêtre at Paris. Their object was to protect these unfortunates from want and its consequences, and to advise them and aid them to find work, and to employ all proper physical and moral aids to prevent relapses.

Gradually similar societies were founded in various localities, and all have accomplished good. It is proposed now to generalize them, and to incite their organization in connection with all asylums.

The methods of making these societies efficacious, the establishing of more or less intimate relations between them and the administration of the asylums, the manner of furnishing them with funds, the nature of the aid they can give, all these were fully discussed by Dr. Giraud in his report, and were the subjects of a notable discussion in the Congress. It was not, it is true, unanimous in the belief that societies of this kind could be advantageously established in connection with every asylum indiscriminately. Nevertheless the great majority of instances of aid gave evidence in favor of the following conclusions proposed for adoption by Dr. Giraud:

1. With every asylum there should be associated a society of patronage, or it should at least be affiliated with one such, for the assistance of the patients, in case it is needed, after their exit from the institution.

2. The organization of these societies should vary according as they exist in a large city or away from the great centres of population.

In the former case, its aim should be to, first of all, procure a temporary refuge for needy convalescents leaving the asylum, to protect them from want while they are looking for employment.

In the second case its aid should be especially afforded at the homes. It is, therefore, first of all needed that there should be an aid fund, with a reserve of capital, to the increase of which the labor of the patients in the asylum should contribute an important part.

3. The patronage of the insane being connected with the aid given by the asylum, the medical and administrative staff of the institutions should be included in the active agents of the work,

and the headquarters of the society ought to be in the immediate vicinity of the asylum, if not in the institution itself.

Various communications, aside from the programme, were also offered at the Congress, and contributed to render its sessions interesting.

Excursions, admirably arranged for by Dr. Mabille, who fulfilled the functions of general secretary most admirably, and in a way to satisfy the most captious, formed an agreeable feature of the session. Dr. Christian, the distinguished physician of the Charenton Asylum, did the honors of the presidency in a most charming manner.

It was decided to meet next year at Clermont-Ferraud; Dr. Hospital will be general secretary, and the presidency will devolve upon Dr. Pierret, professor in the medical faculty of Lyons and medical director of the public asylum at that city.

Victor Parant, M. D.

Toulouse.

NOTES AND COMMENT.

JOHN CURWEN, M. D.—John Curwen, M. D., whose portrait appears as our frontispiece, was born September 20, 1821, in Lower Merion, Montgomery County, Pennsylvania, near the city of Philadelphia. He received his academic education at Yale College, graduating in the class of 1841. In 1844 he received the degree of Doctor of Medicine from the University of Pennsylvania. For a period of eight months he served as resident physician of Wills Hospital in Philadelphia. He entered upon his duties as assistant physician of the Pennsylvania Hospital for the Insane, June 3, 1844, in which institution he served until his resignation, October 1, 1849.

On the opening of the Pennsylvania State Lunatic Hospital at Harrisburg, February 11, 1851, Dr. Curwen was elected superintendent and physician-in-chief. This institution, the first public provision for the insane in Pennsylvania, he organized and managed until February 11, 1881. On the 24th of June, 1881, Dr. Curwen was elected superintendent and physician-in-chief of the State Hospital at Warren, Penn., which office he still holds.

Dr. Curwen was one of the commissioners selected for the erection of the State Hospital at Danville; and the State Hospital at Warren, Penn. He was secretary of the Association of Medical Superintendents of American Institutions for the Insane from 1858 to its re-organization as the American Medico-Psychological Association in 1892. During the greater portion of this period he acted as treasurer. For his long and faithful services in these offices, and for his great care exercised in the preservation of the records and archives he received a unanimous vote of thanks from the Association. He was elected vice-president of the Association in 1892, and president in 1893. Dr. Curwen will fitly take the presidential chair in 1894, on the occasion of the semi-centennial meeting of the Association, which is also the fiftieth year of his connection with the hospitals for the insane of the State of Pennsylvania.

Dr. Curwen is an honorary member of the British Medico-Psychological Association, and of the American Philosophical Society of Philadelphia; a member of the American Medical

Association; of the State Medical Society of Pennsylvania; the Dauphin County, and Warren County, Medical Societies. He has also been closely identified with all movements tending to the improvement of the condition of the insane during his long service in the State hospitals of Pennsylvania.

WHAT SHALL BE DONE WITH THE HOMICIDAL INSANE?—Writing just after the trial of Prendergast, the assassin of Carter Harrison, the mayor of Chicago, and in the absence of opportunity to weigh the medical testimony carefully, we would not dogmatize in regard to his mental condition, but we think we risk nothing in saying that the circumstances of his crime and his subsequent conduct are such as to raise a pretty strong presumption that he is of unsound mind, and that his homicidal act is the direct result of his mental disorder. It is also evident that he was perfectly well aware that his act was an illegal one, and only held himself justified as a sane man might who felt himself wronged beyond endurance, and without legal redress. A sane man would not be held guiltless, before the law, under similar circumstances. Supposing that the foregoing is a correct statement of Prendergast's mental condition, what should be done with him?

The very general clamor of the lay press for his blood, which we presume echoes the popular feeling, is not, we think, due to a belief in his mental soundness. It is rather a manifestation of revengeful feeling, such as would prompt a man to hunt down and kill a wild beast that had caused the death of a friend. Although revenge is about the only conception which many people have of justice, we do not consider it necessary here to defend our opinion that retaliation, as such, is equally indefensible, whether inflicted by the party wronged or by the officer of the law, and that the only justification for the infliction of legal penalties for crime is that it is likely to promote the safety of society or the reformation of the criminal.

That those who have been legally declared insane sometimes take advantage of that fact to claim immunity from the consequences of their misdeeds is, of course, well known to every one who has to do with them. We see, however, no reason to suppose that Prendergast either believed, or expected to make others think that he was insane, or that the execution of any number of insane men for their crimes would have any tendency to deter him

or his like from doing the same things. So far as the effect of example is concerned, it is probably only those who contemplate crime with the intention of "working the insanity dodge," who would be in any degree restrained by the fact that insanity was not a defense.

There have not been wanting those who have openly advised that all of the insane who commit homicide should be put to death, as the cheapest and most certain means of guarding against future danger from them. As a rule, they are incurably insane, and the only alternative seems to be confinement, without prospect of release. Why prolong a useless and unhappy existence when so doing is to imperil the safety of useful members of society?

We do not know that there is any way to refute such reasoning as this. A life of incurable insanity does not seem to us a thing to be desired. A man could not be held unreasonable or inhuman who should prefer death, either for himself or for those whom he held dearest. But if the insane who have committed homicide are to be treated as dangerous wild beasts, there is no consistency in restricting the application of the rule to them. We do not hesitate to kill a rattlesnake or a wolf because he has never yet killed a man. We hold, and rightly, that in such a case prevention is better, we were going to say, than cure, but of course there is nothing to be said of cure. There are plenty of inmates of hospitals for the insane who are well known to be quite as dangerous as those whom it is proposed to put out of the way.

Nor does there seem to be any good reason for drawing the line at insanity. It is proposed, in such cases as this, to put men to death because they are sick—sick in such a way as to render them dangerous to others. But there are other diseases, the subjects of which are a hundredfold more dangerous to human life than the homicidal insane. A single case of syphilis, small-pox or scarlatina may result in the death of multitudes. When pleuro-pneumonia breaks out in a herd of cattle, we relentlessly slaughter the whole herd, and unquestionably cause a saving of bovine life by so doing. Are the lives of men less precious than those of oxen?

We think it is plain that the wild beast theory of dealing with such cases logically involves consequences from which most people would shrink. We can see no reason why insane persons who have proved in this particular way that they are dangerous should

be differently treated from those who have shown the same fact in other ways. And whatever may be said of the propriety of the death penalty in such cases, we have no doubt that if all the insane were placed under the treatment and restraint suited to their condition, it would save many more lives than shutting the stable door after the horse is stolen.

A Word With the Medical Expert.—The classical question, "Who shall decide when doctors disagree?" contains by implication a compliment of the first water. But the modern world has shorn it in some measure of its fulness by finding an answer to the query. Who shall decide? Why, the jury to be sure. Not a jury of the doctor's intellectual peers, but just a plain, ordinary, unintelligent jury, selected chiefly because of its lack of knowledge of all subjects in general and the subject in hand in particular. These shall decide!

After listening to Dr. A's opinion and to Dr. B's counter opinion, neither of which they can at all comprehend, these are to say which of the learned gentlemen is right. The thought is not flattering. On the face of it the doctors are not receiving fair play. How can their differences be fairly adjudged by persons who cannot comprehend the very terms in which the disagreement is stated? True enough, how? And yet we confess that our sympathies in the matter are not with the doctors at all, but rather with the much abused jury.

For why should the jury be expected to decide, when our aphorism implies plainly that no one can decide? No one surely but the doctors themselves could be expected to decide questions that no one else can fully understand. Why, then do the doctors not decide? Why, in other words, do they disagree so radically in the first instance? Is the subject with which the doctor deals so vague and occult that the mind cannot compass it clearly with finality? If so, why is the doctor so positive in his assertions regarding it? Or is the subject so vast, so many-sided, that diverse views of it of equal worth may be had from different standpoints? If so, why does the doctor speak with such certitude in advancing his own opinion as the only correct opinion?

We are referring, of course, not to the doctor's ordinary opinions, but to his "expert" opinions; to those cases where, usually with a human life at stake, the doctor is asked to give an opinion

because his experience is supposed to be such that his opinion on that particular subject is of great worth. His knowledge of the question at issue is supposed to be definite, tangible, practical. He states his opinion positively and unequivocally. The jury, grasping vaguely the general drift of what he says, feel that their task of deciding is becoming easier. Their eyes are opening. But scarcely has the positive opinion of the doctor found lodgment with such clarifying force in their minds, before there appears another doctor, also an "expert," who, with equal solemnity and equal positiveness, propounds an opinion exactly opposite to the one just heard! The two are utterly incompatible, mutually exclusive. Each "expert" plainly knows all that can be known on the subject, yet the knowledge of each completely antagonizes and neutralizes that of the other. Chaos again in the mind of the unhappy juror. We extend him our sympathy, and leave him to his fate.

But with the doctor, in his capacity of "expert," we desire a few further words.

In referring to him thus far, we have made his case strictly impersonal, but we think we have not done him injustice in our citations of his hypothetical testimony. Had we wished to convey a similar impression by citation of cases not hypothetical, we need not have gone far into ancient history for material. We might have cited cases in which chemists of equal repute have flatly contradicted one another as to whether certain methods would detect certain poisons if present; cases where doctors of repute have openly disagreed as to the interpretation of symptoms of the utmost significance; cases where bodies that had lain for weeks in the grave before the autopsy was held, have yet been supposed to yield up their secrets under the necromantic touch of one pathologist while telling nothing to another; cases where experts of equal repute have sworn *pro* and *con* as to the sanity of individuals about whose mental condition there ought, it would seem, to be but one positive expert opinion possible; cases where sides were taken on the question of a man's mental competency by physicians, some of whom had never seen the person under discussion: all of these, we say, might have been cited had we chosen to make our remarks specific instead of general.

And what if these cases were cited? may be asked; may not physicians like other mortals have an honest difference of opinion?

Truly. But suppose a human life is at stake? Suppose the conditions are necessarily such that one is open to the imputation—however false in fact—of having his theories biased by the "jingle of the guinea?" Suppose a mere debatable opinion, to which the holder has a perfect right, may be made by the weight of that person's reputation to turn the scale against the life of a fellow mortal? Then, plainly, opinion and theory cease to have the same significance that they would have before a scientific society or in ordinary discussion. A degree of dogmatism that would be quite permissible in the latter case, might be little less than criminal in the former. An ethical question is involved that goes far beyond all the considerations of ordinary debate or controversy. We cannot but feel that experts sometimes enter upon a case without due and full appreciation of these wider ethical bearings of their testimony.

But even looked at on a lower plane, there are bearings of the problem of expert testimony, as of late exemplified, that are worthy of very serious attention. If every statement of an expert may be met (for a consideration) by an opposite statement of another expert, what is to become of expert testimony as a whole? Already experts are coming into disrepute. A district attorney has been known to say openly in a certain case that the experts either did not know something it was their plain business to know, or else that they were perjurers!—with the plain implication that he accepted the latter horn of the dilemma. Those are not pleasant words. Are they deserved? If not, they should not go unanswered. Yet how can we answer in the face of the contradictions that are before us? If the experts will excuse the comparison, they must in some recent contests, have seemed to counsel, judge, and jury, like Kilkenny cats, mutually devouring one another. When the battle was over, the expert may not have actually disappeared, it is true, but his testimony—the essential part of him in this connection—had been absolutely eliminated by the rival testimony; and the case which these distinguished opinionists had been so liberally paid to enter was left practically where it would have been had they not been summoned at all. In other words, the jury, who must decide, have been forced to the conclusion that one or another of the experts did not know what he was talking about, and being unable to determine which one was the imbecile—both seeming so profoundly learned—have concluded that it was "six of

one and half-a-dozen of the other," and left the experts out of consideration altogether. One cannot help feeling that they are justified in so doing. If this state of things continues, it is tolerably plain that a time will come at no very distant day when the counsel in criminal cases will feel that it is just as well to mutually omit the testimony of experts as to have that testimony eliminated by the Kilkenny process. To present this thought after what was said above as to the ethics of the question, is certainly an anticlimax; but we are obliged to admit a suspicion that this view of the matter may in some circles do more to correct a patent evil than the other view could accomplish.

Death of Dr. Nellis.—It is the painful duty of the Journal to announce the death of Dr. Alexander Nellis, Jr., first assistant physician of the Willard State Hospital, which took place at that Hospital on the 27th of December. Dr. Nellis was prostrated by the prevailing epidemic of influenza, complicated early by pneumonia, and manifesting from the first an unfavorable tendency. He felt the need of his services in the office and remained upon duty longer than was judicious, yielding only upon necessity. Shock and prostration were extreme, and he succumbed within a few hours to a partly delirious and unconscious state, which continued at intervals during the five days preceding the fatal termination.

Dr. Nellis was a conspicuous figure at Willard. With the exception of three years spent in the West and South, he had been connected with the institution since 1873, when with Drs. Chapin, Carson and Wise, he formed the resident medical staff. His term of service was the longest of any medical officer's, and of all resident officers', except that of Mr. Gilbert, the Steward. He was a witness of the development of the institution and an agent in its progress during the early period when the principles upon which its success was ultimately established were keenly criticized and disputed. He was eminently loyal and in support of the hospital engaged freely in argument with a brisk asperity and self-assertiveness which had the peculiar charm of leaving no sting. Those accustomed to visit Willard will miss his hearty salutation, and his associates and friends will long hold in remembrance an endearing frankness and generosity which were eminent traits of his character.

Dr. Nellis leaves a widow who will have sincere sympathy in her bereavement.

The JOURNAL reserves for a future issue more extended notice of his life.

CIVIL SERVICE EXAMINATION.—The Chief Examiner of the Civil Service Commission advertizes an open competitive examination of candidates for positions as Superintendents, First and Junior Assistant Physicians in the State Hospital service, to be held at the rooms of the Civil Service Commission, Albany, N. Y., Thursday, March 15, 1894, commencing at nine o'clock A. M.

A candidate for the position of Superintendent must be not less than 30 years, and have had five years' actual experience as physician in a hospital for the insane. A candidate for the position of First Assistant Physician must be not less than 25 years of age, and have had three years' actual experience in a hospital for the insane. A candidate for the position of Junior Assistant Physician must be at least 21 years of age, and have had at least one year's actual experience on the medical staff of a public general hospital. All candidates must be graduates of a legally chartered medical college and citizens and residents of the State of New York.

Application blanks may be had by addressing the Secretary of the New York Civil Service Commission, Albany, N. Y.

CORRESPONDENCE.

CONGENITAL ABSENCE OF KIDNEY.

KENT COUNTY LUNATIC ASYLUM,
AUGUST 2, 1893.

Dear Sir:—Dr. Davies asked me to send you the notes of a case of congenital absence of the right kidney and supra-renal capsule which came under notice here last month.

A man, T. P., aged 51 years, was admitted into the asylum suffering from melancholia. He was a fairly well developed man, but rather poorly nourished. The skin of his face and body was of a dusky brown colour, the pigmentation being deeper in the regions of the axillæ, penis and scrotum. He complained of a feeling of nausea, frequent vomiting and retching. His heart's action was weak, and he had a small, feeble pulse. A tentative diagnosis of Addison's disease was made, and he was placed under special observation. The patient committed suicide by strangulation on the 17th of July.

At the post mortem the ordinary signs of strangulation were found, but the point of interest was that there was an entire absence of the right kidney and supra-renal capsule. On dissection no trace of the missing organ could be found; nor was there any vestige of a renal or supra-renal branch of the aorta or vena cava on that side. The right ureter also was entirely absent, and on opening the bladder only the left ureteral aperture could be found. The left kidney and supra-renal capsule were quite healthy; the kidney being of large size and weighing 9½ oz.

ERNEST W. JAMES,
Junior Assistant Medical Officer and Pathologist,
Kent County Lunatic Asylum,
Barming Heath, England.

To The Superintendent State Lunatic Asylum, Utica.

MILWAUKEE HOSPITAL FOR INSANE,
WAUWATOSA, WIS.

Editor American Journal of Insanity:

DEAR DOCTOR.—About four years ago the writer, in an article published in your JOURNAL, described a system, devised by him,

designed to release the inmates of asylums in the event of fire or panic by throwing open all the doors instantaneously and simultaneously. It was stated at the time that the system was then in an experimental stage, being confined in its operation to a single door; the writer also suggested the practicability of operating the doors from a central point in the administration building as well as from switches located in the attendants' rooms. This system has finally been brought to a state of perfection and is in successful operation in the Milwaukee Hospital for Insane and its efficiency and value remains no longer a subject of doubt. While occasion may never demand its employment, yet the feeling of security engendered in the minds of the inmates by reason of the consciousness of provision existing for insuring their safety more than counterbalances any consideration of labor or expense in the equipment. To review the situation briefly: the idea was suggested to the writer a number of years ago by the fears expressed by a patient suffering from an affective form of mental disease whose sense of appreciation of matters in general was rather acute than otherwise. It was determined to experiment until something which could claim success should be secured. The idea of compressed air as an agent was fully considered and finally dismissed as impracticable and that of employing electricity was then determined on; the device or magnetic lock used on front doors of apartment houses seemed to meet the requirements and it was accordingly adopted. The difficulty then to be considered was the operating of an indefinite number of doors in circuit. After using the device for a number of months on a single door, permission was asked and granted by the Board of Trustees to extend the system to ten doors on one ward and it was operated to this extent for two years or more when, its thorough practicability having been established, the Trustees of this hospital ordered the equipment uniformly throughout the house. Nine wards out of thirteen were fitted out, reaching the stage of completion last July. The doors have been operated daily as a test, the patients being released in this manner upon the ringing of the rising bell in the morning, from switches in the attendants' rooms and thrice weekly from the the office of the superintendent.

The system is now so perfect that in case of an alarm received over the automatic fire alarm apparatus the exact point is noted on the annunciator; the pointer on the switch board of the electric door

opening system can be turned to points opening the separate wards or a complete sweep of the circle can be made operating all of the doors on the nine wards at once; alarm gongs located in each ward can be operated at the same time from the same point.

The necessity for a system of this kind will be obvious to those connected with institutions of this character; therefore it will be unnecessary to dwell upon this point. The question of expense in equipment will undoubtedly enter into consideration of this matter in the minds of governing boards and deter them from action. In view of the loss of life occasioned by the absence of such means of release in recent conflagrations in asylums in Canada and our own country, I think the matter of expense ought to be considered as secondary. The preservation of human life, and especially of helpless creatures such as populate our hospitals, ought certainly to demand consideration and appeal most strongly to every humane person.

M. J. WHITE, M. D.

HALF-YEARLY SUMMARY.

The recapitulation of the Summary of July last revealed a general disposition to special hospital provision for the treatment of acute and recoverable cases. The "hospital idea" is reiterated in the current report of the Danvers hospital, from which Dr. Page's incisive argument has been extracted. Of the institutions represented in the present issue, fifteen record additional or new measures for protection against the dangers of fire, not the least important step of this movement being the organization and drilling of fire brigades. It is to be regretted that the abstraction of clinical and pathological data is not within the function of the Summary, for an unusual display of scientific work is made by the hospital reports of the past year. The suggestion may not be amiss, that the pages of THE JOURNAL offer a wider circulation and a more appreciative circle of readers than the legislators to whom the exhibits of this great mass of professional work are addressed. Of especial interest may be mentioned the items setting forth more liberal provision by statutory enactment for voluntary cases in Pennsylvania, and the strong plea of the Iowa board of managers for continuance of a single administrative head. In several States, political methods have prevailed, and laurels have been placed upon those medical officers who have chosen honorable retirement rather than party subserviency. The incorporation of Dr. Bryce's name in the title of the Alabama asylum is a fitting testimonial to the faithful service of that lamented alienist physician.

ALABAMA.—*Alabama Bryce Insane Hospital, Tuscaloosa.*—The population of this institution has usually a steady increase of about seven per cent. each year. More than the usual number of the harmless insane have been furloughed during the past twelve months, to the benefit of many, and with a partial relief of the crowded condition of the wards, and a final result that the population of the hospital remains about the same.

The best sanitary and remedial agent in this institution is regular out-door employment; which practice has been increased, until now more than half the men remain all day out of the buildings, engaged in this way, during good weather. Nothing contributes so much to the general satisfaction of the patients and of the management. This work is largely directed to the support of the hospital.

For over twelve years the non-restraint principle has been maintained without exception.

There has been no case of forced feeding in this hospital, either with the tube or otherwise, for more than twelve months. It is the belief that this is

much more frequently resorted to than is necessary; and that it tends in most cases to only fix and perpetuate the delusion of the patient which leads him to refuse food; if he be left entirely alone for one or two, or even three weeks, in this particular, before he reaches a dangerous condition of starvation, with proper inducement, he generally takes food, and remains in a better condition afterward. The good of the patient alone considered, this practice, in the large majority of cases, is much the best.

Buildings are being completed to colonize most of the colored men at "Gray-Stone Farm," about two miles from the main buildings.

ARKANSAS.—*State Lunatic Asylum, Little Rock.*—The Arkansas Gazette of December 1st, 1893, thus refers to the retirement of Dr. Hooper, which is said to have been brought about by political influences:

"Dr. P. O. Hooper retires from the superintendency of the Arkansas State Lunatic Asylum to-day. He leaves the institution in splendid shape, and, whether he resumes the practice of his profession or engages in any other calling, he will take with him the best wishes of the people of his State. He has been connected with the asylum ever since its establishment, and during all the years he superintended the innumerable details of its management, there has never been a single just cause for complaint. He has always been in sympathy with the poor unfortunate creatures under his care; always watchful of their interests; ever looking after their comfort and their health. He has been faithful to his stewardship. His sole object was to make the asylum a charitable institution in all that the term implies. He succeeded, and in doing so made it an honor to the State. There is no public institution in the United States devoted to the care of the insane which stands higher in the estimation of scientific men than the Arkansas State Lunatic Asylum. Frequent reference is made to it by them as one of the model institutions of its kind in the country. It is the pride of every Arkansan. He points to its establishment and its successful management in a way that indicates that he is perfectly satisfied with it. He indorsed the wisdom of the board in its selection of Dr. Hooper as its superintendent, and nothing has occurred in the management since the date of his appointment to the position which does not meet his approval. The resignation of this distinguished and highly honored official, which was tendered some time ago to take effect to-day, was deeply regretted by his great number of friends in every county in the State. He was regarded as a part of the institution. He enjoyed the confidence and esteem of all his assistants and employés, and by the helpless creatures whom he so tenderly cared for he was looked upon as a father. No superintendent of an insane asylum ever excelled him in the performance of his duty. None surrendered his charge with a cleaner record."

CONNECTICUT.—*Hospital for the Insane, Middletown.*—Plans for the new building for chronic cases have been adopted and it is expected that the work of construction will begin in the spring. This contemplated addition to the existing hospital will consist of a group of three buildings—a centre and two wings. The general character of the architecture is colonial, the

wings presenting a broken front with central and terminal bows. The material chosen is brownstone foundation, underpinning and trimmings (the underpinning to be rock-faced ashler brownstone)—the rest is to be of brick. There will be some terra cotta panels and trimmings, and slate roof. The walls are to be lined with porous terra cotta and all interior partitions will be either of brick or porous terra cotta.

The floor will be four inch plank with hard wood upper floor, of what is known as "slow burning" construction. The basement will be concreted all over, and there will be no woodwork in basement. All walls are supported on brick piers and arches. The toilet rooms and kitchen will have cement and asphalt floors resting on hollow brick arches.

The heating will be by indirect steam in the wings and direct in the centre portion. The ventilation will be by means of steam exhaust fans through turrets in the roof. The stairways in wings are constructed of slate resting on brick supporting walls.

The windows of wards will be of small lights; the upper sash is fixed and the lower sash has an iron screen on the outside. The administration building containing the offices is in the centre of the edifice. The center of front will be three stories high and will contain officers' quarters, reception room, etc., and will be approached by an arched entrance and a handsome *porte cochere* of brick and stone with terra cotta balustrade.

The rear centre will contain kitchen, scullery, storerooms and butlers' pantries with boiler house in rear, all this rear being one story high.

The wings will each contain accommodations for 125 patients. There is a broad corridor in the center of each wing, together with a day-room, with octagonal bay window and verandas, each two stories high, on each side of day room. Each of the wings will be three stories high.

In rear of the day-room will be toilet-rooms and clothes-rooms with hand elevators.

In the rear of each wing will be a large dining-room, one story, with seating capacity of 175 each.

The interior finish is of western red birch and hard pine, the bases in the wings being of cement.

Viewed from a distance the general effect of the building is massive and well balanced. The ornamentation is limited in amount but of simple and well proportioned outline. The character of the architecture of this building is such as to produce a good impression from a distance.

The whole building is as substantial and fire proof as can be made within the appropriation, $100,000.

GEORGIA.—*State Lunatic Asylum, Milledgeville.*—Many important internal improvements have been made in the various wards of the institution. Fire walls have been erected, a drying room has been added to the laundry, a cottage has been erected for the first assistant physician, and two additional wards have been annexed to the building for convalescent women. The centre building, formerly occupied by the first assistant physician, has been adapted to the use of patients. The amusement hall in the white male convalescent building has also been converted into an open ward for the accommodation of forty patients.

IDAHO.—*State Insane Asylum, Blackfoot.*—A new ward has been completed and this institution now has capacity for 150 patients. Attendants and patients, with the aid of an expert brickmaker, made all the brick for the building and did much of the construction work, such as hauling the brick to the grounds, mixing the mortar and tending the masons and plasterers. Brick-making has been found a very satisfactory form of employment for patients, as the reliance of one man upon another gives a stimulus to activity and an easy method of control.

A direct-indirect hot water heating and ventilating apparatus has been distributed throughout the asylum. An electric lighting plant has also just been installed.

Another farm of 140 acres has been purchased this season and an orchard of two thousand trees set out. A butter-making plant has been added to the dairy. A little packing-house industry to give employment in the winter time is in process of development. All needed vegetables are now produced by the institution and the production of meats and breadstuffs is a possibility of the near future.

Dr. Givens writes of other contemplated advances, as follows:

"A broom factory, on a small scale, had figured in our plans; the corn was up and doing well, when,

> 'Fell the frost from the clear cold heaven as falls the plague on men,
> 'And the brightness of our corn was gone, from upland glade, and glen.'

"And so perished our broom factory plans for the present.

"As you may imagine, our psychology is very much mixed with bucolics and our therapeutics with our kitchen, but I think you will agree with me that the food and kitchen question is the hardest problem about an asylum to settle and keep settled right. And bucolics is not entirely devoid of instructive psychology. For example, a few days ago I bought some pigs that were in no immediate danger of cerebral hæmorrhage from plethora, but they had some of the symptoms of mania, such as fighting and biting each other, but after they had had a welcome to the asylum swill tubs for a few days and their adipose tissue had perceptibly increased, they became very well mannered and good natured pigs, and I observe that when my patients are well fed and fat they are inclined to be well mannered and good natured. The philosophy of Cæsar was sound when he said,—'Would he were fatter. If my name were liable to fear, I do not know the man I should avoid so soon as that spare Cassius.'"

"This, of course, does not apply to the lean anatomy of yours and mine, but all the same nutrition is our great theme and food is our great instrument. It would not be so difficult to settle this food question, but peradventure some brother superintendent has fed his patients for one cent or five cents a day less than I have, whereupon I am pounced upon by the watch-dog of the treasury and am 'between the devil and the deep sea,' therefore have we set out to produce for ourselves all the good eatables we can and, as far as possible, become independent of that same watch-dog of the treasury, although we believe very much in him, but our belief in him is, I fear, very much like our belief in the golden rule,—good, chiefly, for the other man. Ach so!"

ILLINOIS.—Dr. Clarke Gapen, the newly appointed superintendent of the hospital at Kankakee, sends the following communication to the Summary:

"We are standing at the end of a year which has brought numerous changes into our State institutions. These changes have received both in the secular and medical press more criticism than careful consideration. To say now just how much they are for the worse or for the better, would not be possible; but there seems to be ample evidence even now that political adversaries are overlooking a number of things in their criticisms which will do credit to the new energetic spirit that pervades the whole department of Charities and Corrections of our State. The meeting of superintendents and trustees of our institutions together with the Board of Charities under the auspices of Governor Altgeld (Nov. 28th, 1893,) proved a great success and marks a new era in the management of Charity questions in the State of Illinois. Two points of the Governor's address merit mention here, the one explanatory of his administrative policy, the other in relation to the purchase of supplies by competition. The passage covering the Governor's policy runs as follows:

'In this State I have adopted the policy of requiring that all those who fill important places must be in personal sympathy with the administration and personally interested in carrying out its policies, but this rule has not been applied to minor places and my instructions have been not to employ anybody, no matter by whom recommended or urged, unless it is reasonably apparent that he or she was honest and competent and would do efficient work, and further, that nobody must be retained for one hour after it becomes apparent that he or she was not the right person for the place and that political pressure must be absolutely disregarded in passing upon a case of this kind; that only the best interests of the institution must be considered. I wish now to repeat and to emphasize these instructions: that the whole energy of the Superintendents and of the Trustees and of everybody connected with the management shall be bent to place these Institutions upon the very highest plane of excellence and superiority possible, and that no personal considerations, no considerations of friendship or political patronage must be permitted to stand in the way one minute.'

In regard to the purchase of supplies by competitive bidding the Governor said: 'This plan should be adopted not only because it is correct in principle, but because it gives everybody an equal chance and is a preventive of scandal. It is unnecessary to discuss the feasibility or practicability of it because it has been tried too long to be open to question.'

To the Trustees and Superintendents he said: 'The only way you can get anything out of your work in the way of satisfaction is to manage these institutions better than they have ever been managed before. To place them upon a higher plane. It is not necessary to say one word in disparagement of the past. No matter how good it may have been, almost infinite improvement is yet possible. Those of us who have passed middle life have long since discovered that the things which give us most pleasure are those which we have done extraordinarily well.'"

INDIANA.—*Northern Hospital for Insane, Logansport.*—An associate dining-room, with a capacity to seat 400 inmates of both sexes, has been established

and will soon be in operation. To do this it was only necessary to remodel the original assembly hall and adjacent sewing-room. A new assembly hall has been built and equipped, having a seating capacity for 600. The administration building has been slightly enlarged. These changes will permit the abandonment of several ward dining rooms, which in the future will be used as associate dormitories, thus increasing the capacity of the hospital about 120 patients, bringing the total capacity to 540.

IOWA.—*Hospital for the Insane, Mount Pleasant.*—In the current biennial report, the trustees discuss the policy of single head management in the following words:

"This institution has existed for nearly forty years and may be said to be the mother of all its kind in the State, and the plan upon which it is administered is of most vital concern, not only to the State, but to like institutions in all parts of the country. The predominating principle of its administration is found in the fact that it has one and only one supreme head, in the person of the superintendent, selected by the board on account of his medical skill and executive ability. All other officers and employés are either directly or indirectly answerable to him. And he in turn is held responsible by the board for the faithful and diligent conduct of the hospital to its minutest detail. There is no division of responsibility, no excuse for neglect, no clashing of authority, and no debatable ground between two or more having coördinate powers each independent of the other. This plan is such as the law contemplates and has yielded results in this institution so favorable as to challenge comparison with that of any other. It is the plan upon which successful armies are organized; upon which all our institutions of learning of every kind are conducted; upon which ships are manned and sent to sea; and by which private corporations are made the most efficient and profitable.

"This plan is not only warranted by law, and its wisdom verified by our experience, but it seems to be the experience of nearly all other States, and forty years ago the "Association of Medical Superintendents of American Institutions for the Insane" declared as their opinion that 'the physician should be the superintendent and chief executive officer of the establishment. Besides being a well educated physician he should possess the mental, physical and social qualities to fit him for the post'. And it appears that the association has repeatedly re-affirmed the doctrine on several occasions.

"We cannot therefore agree with those who seem to urge the thought that there should be two separate and independent heads to institutions of this class, one a medical director and the other a business manager, and we believe that such a plan will result as it always has, in decreased efficiency or absolute failure. If the suggestion that such institutions as this should be organized with dual heads, each independent of the other, is likely to find favor with the executive of the State, who alone has the right to recommend to the general assembly the most enlightened policy to pursue with regard to our institutions, may we not with propriety insist that the principle of one chief executive, so happily and so satisfactorily applied in every State in the union and the nation itself, be not violated in the organization and management of this institution?"

—*Iowa Hospital for the Insane, Independence.*—Among recent improvements are a passenger elevator and iron fire-escape. A new fire-proof coal-house and a new green-house have been built. An electric light plant has been installed. The constant current and eight hundred sixteen-candle-power incandescent lamps are used. The Mayo dynamos, made by the Rockford Manufacturing Co., two hundred and forty amperes, and one hundred and ten volts each, which run at the rate of eleven hundred and seventy revolutions per minute, generate the electricity. Two "Ideal" fifty horse-power engines furnish the power. Many ordinary repairs have been made under a special appropriation of six thousand dollars.

—*Fire at the Boone County Alms-House.*—An associated press dispatch gives the following account of this calamity, which occurred on the evening of January 24th:

The building on the Boone county poor farm in which the incurable insane were confined was burned at 10 P. M., and eight of the nine inmates were burned to death. Only one woman, Mrs. Hibbard, escaped from the burning building, and gave the alarm to the steward, Holcomb, who was in the main building adjacent. It was then too late to save the insane people, and the main building was saved only by the greatest effort. The steward says that he banked the fires in the furnace about 9 o'clock, and does not know how the fire originated, unless from a defective flue.

The building burned was an old two-story frame structure, which was as dry as tinder. To add to the inflammable nature of the place, many of the partitions were padded with cotton and some of the bed clothing was of cotton batting three inches thick. This was because only the incurably insane were kept there. These patients were nearly all violent, and the great amount of cotton padding was used to prevent their injuring themselves. The building was heated by a furnace which was last summer condemned by a local expert as unsafe, but no attention had apparently been paid to his warning.

Mr. Holcomb, the steward, says that when he got out doors the flames were bursting from all of the windows of the frame structure, and it was a mass of flames inside. He burst open a door, but was driven back by the flames, which in a few moments had burned the building to the ground. The main building was saved by pouring on water which the heat of the fire melted from a huge snow drift alongside the building. No one saw the people who were burned to death, and whether they made any effort to escape can never be known. There seems to have been no attendant of any kind in the building where the insane people were locked up.

KANSAS.—Changes in administration for the benefit of the dominating political party are described in the following communication from Dr. Eastman:

"The political machine is completing its work in Kansas. The populist majority on the board of trustees, at first intending to immediately displace *all* (both male and female) republican officers and employés and substitute from their own party, were constrained by considerations touching

the welfare of the insane to retain some of the most important and most experienced officers and contented themselves with *electing* the assistant physicians, supervisors, housekeepers, sempstress, teamster, etc., populism being the essential qualification. But the late election, having shown a falling off in populistic strength, and indicating that the populistic reign will be short, fired the party managers and press with zeal for partisan appointments and they demanded that *all* republicans be supplanted by populists. The populist State press association which held its annual meeting a short time ago, passed resolutions demanding the dismissal of all republicans from the State institutions and appointed a committee to present their demands to all boards and officers having the authority to appoint officers or to select employés. The result of this demand has first been shown at the State Insane Asylum at Topeka, where, at the regular meeting of the trustees in December, the republican superintendent, assistant superintendent, steward, matron and clerk were *requested* to hand in their resignations and practically were removed—the resignations of the assistant superintendent and steward to take effect January 1st, 1894, the others March 1st, 1894.

"The populist secretary of State has issued a 'blue book' giving the names of all officers and employés at the State institutions, and indicating their political affiliations, (both men and women) by P. for populist, R. for republican and D. for democrat and it will soon be in order for all the R's, and D's to be dismissed and their places filled with P's! Such is politics 'as she is worked!'"

MARYLAND.—*Maryland Hospital for the Insane.*—The annual report shows that the improvements authorized by the last legislature have been completed. The sewage disposal system planned by Col. Waring has been put into operation and is working successfully. The daily average of patients under treatment was 442. Admitted 122, discharged recovered 25, improved 16, unimproved 3, died 44.

A strong plea is made for State care and for additional accommodation for the insane of the State.

No changes have been made in the official staff.

The medical and chirurgical faculty of Maryland, recognizing the urgent necessity for additional accommodation for the insane, has appointed a committee to appeal to the legislature to secure this, and also to strongly recommend State care. This committee is now drafting a law to cover these objects. The governor, in his message to the legislature, has recommended action looking to the building of a new hospital, or the extension of the old one at Spring Grove. The King's Daughters have been agitating for a home for epileptics in the State and have come into possession, through a bequest, of a piece of property for the purpose. Legislation on this subject is probable this winter.

—On the 9th of January a meeting of physicians interested in mental and nervous diseases was held at the Maryland hospital. Drs. Hill and Brush were especially active in the movement. An organization was effected under the title of The Baltimore Neurological Society. Meetings are to be held monthly, the first being fixed for February 14, at Johns Hopkins Hos-

pital under the presidency of Dr. H. M. Hurd. Dr. S. J. Fort of Ellicott City is the secretary. The membership thus far is composed of active workers in psychiatry and neurology.

MASSACHUSETTS.—*McLean Hospital, Waverly.*—The building of the New Hospital at Waverly has been progressing rapidly during the past year. Four buildings of the principal group were described in the Annual Report for 1892; the three houses for patients are well advanced towards completion, and the Administration House is half done. In addition to these, two other houses for patients are well advanced, and a sixth has its foundation up to the first floor. The power-house, containing steam and electric plants, is nearly finished, as well as a commodious stable, and two gate lodges. Plans are now being studied for four other buildings; two for disturbed patients, containing twelve and fifteen beds each; and two gymnasiums to include accommodations for occupation and entertainment, Turkish baths, etc.

Another important building, which stands in the rear of the Administration House, has some features of special interest; it is in fact, two buildings closely adjoining. One has a high basement containing the central kitchen, etc., and the kitchen for the cooking school; the upper story is occupied by servants. The other building contains dining-rooms and store-rooms in the basement, entertainment hall on the first floor and servants' rooms on the second floor. In the end adjoining the Administration House the Laboratory Department occupies liberal space, chiefly on the first floor; there is an office or examining room, a chemical room, a large apparatus room, containing appliances for psychological experiments, and a similar one for microscopy and photography. Connected with the latter and beneath it are the mortuary, and autopsy room.

The Laboratory Department is to be under the charge of Dr. August Hoch, who completed two years' service as Neurological Assistant in Johns Hopkins Hospital a year ago, and has since been studying in Europe in preparation for the new work at the McLean Hospital. He is now in Wundt's laboratory at Leipzig and will later study with Mosso at Turin, with the intention of returning to America next fall.

Two other appointments have been made to the teaching staff: Miss Annie C. Hurlbutt, a graduate of the Hospital training school for nurses, and a student of the Boston Normal School of Gymnastics, is a teacher for the nurses, and is to be supervisor of gymnastics and occupation for patients; Miss Bessie Hazen, a graduate of the Boston Normal School of Cooking, is a teacher of nurses in that department; both of these officers reside at the hospital.

—*Northampton Lunatic Hospital.*—It is proposed to erect an infirmary building for women patients, connected with the second section of the south wing by a corridor, forty-eight feet in length, one story in height. The building will be nearly in the form of a cross, ninety feet in length and forty-four in width, three stories in height; on either side a small wing, which will be used as dormitories. The day-room is to be on each story at extreme southern end, forty-four by eighteen feet. The building will ac-

commodate about eighty patients. It will be built of brick, with brick partitions, with a verandah at the end, in the angle between one of the dormitories and the day-room.

The work of repairs and improvements has been diligently carried on. A new dormitory for males has been completed and is now occupied. A new boiler-house has been in operation during the year. New apparatus for heating has been installed, consisting of a ten-inch main steam pipe for heating the halls and rooms; a high pressure four-inch pipe for supplying steam to the kitchen and ventilating towers, and heating water. The basement under the corridors in the female wing is divided into three sections, each of which is an air chamber. In these are stacks of radiators, which are put up in sections; each section is controlled by separate valves, to regulate the supply of heat. The air is brought into the stacks by ducts, no fans being used.

The heated air is conveyed to the halls and to each room by flues in the partition walls, opening into the rooms about one and a half feet from the floor, with lock registers to control the current. Vent flues from the same rooms, opening about eight inches from the floor, pass to the attic into galvanized iron ducts, which open into a tower for each section, in which a coil of heated pipe and damper are placed. Fire-proof staircases have been put in the female wing. Fire walls are also being put in, separating each section from the other. In the basement of each section heaters and bath boilers are placed for heating water. The heat from these is utilized in ventilating the bath rooms and water-closets in the three stories directly over them.

The addition to the female wing is now completed and occupied, and the new laundry building is nearly finished.

—*Worcester Insane Asylum.*—Improvements during the last year, in addition to ordinary repairs, have included extension and reconstruction of three dining-rooms, and extensive renewal of floors and ceilings in older sections of the building. This work has been done without permanent increase of the force of mechanics, and the labor of able-bodied patients has been constantly utilized. All changes have been in the direction of better protection from the danger of fire, and upon plans which will make the institution hardly inferior to the most modern hospital building in its convenient equipment for its purpose, its thorough ventilation, sanitary plumbing, sun-lighted and attractive wards.

—*Danvers Lunatic Hospital.*—The trustees, in their annual report, refer to the overcrowding of the wards, and renew the request of a year ago, for an appropriation for special hospital buildings for the treatment of acute cases. Dr. Page thus discusses this question: "The vital objection to this overcrowding, which we have deprecated in annual reports for years, arises from the necessary mingling of acute cases with the heterogeneous mass of chronic patients, which is a serious obstacle to the recovery of the former. Having in view the double purpose to utilize the corridor space still further as associate dormitories for the quiet, chronic class, which steadily accumulates in all our hospitals, and to provide, on a small scale, the best facilities for treating and restoring the acute and more promising cases, application was made to the State Legislature at its last session for

an appropriation of $50,000, with which to construct two thoroughly equipped cottages—one for men and one for women, each to accommodate 25 acute cases,—located a short distance from the main hospital. The conditions presented by acute cases vary to such a degree, it is impracticable to confine all such to a single section of the original buildings.

For the same reason suitable provisions for the proper management of this class cannot be obtained at a low *per capita* rate of expense. In order to properly classify, and successfully treat, even a comparatively small number of acute cases, comprehensive facilities—a complete hospital, in fact—are required."

—*Westborough Insane Hospital.*—A new laundry and bakery have been completed and the old laundry rooms have been adapted for use as a hospital ward. Other interior improvements have been, changes of partition walls, renewal of plumbing and heating fittings, and accessory ventilating apparatus. Additional measures to protect the hospital buildings from the danger of fire were begun in the spring. An iron stairway and balcony were built as a means of escape from the third, fourth and fifth stories, occupied by by female nurses. The doors of the fire escapes have all been changed to open outward, and fire-proof partitions are being constructed in the attics to separate different wards. A small hose house of brick has been erected and a hose carriage constructed.

—*Hospital for Dipsomaniacs and Inebriates, Foxborough.*—This hospital was declared open for the reception and care of patients on February 6, 1893, by proclamation of Governor Russell. During the year 124 persons were committed by order of court, and 37 were transferred from the hospitals for the insane. Each order of commitment is valid for two years from the date of its issuance. Each person who is released from the hospital for other cause than insanity or death is liable to return to the hospital for violation of the conditions of his release, or as an escaped inmate, at any time before the expiration of the two years.

—*Taunton Lunatic Hospital.*—The infirmary for men was finished and occupied in July. The kitchen has been extended to meet the increased demands of the enlarged household.

Two fire escapes have been built on the front centre building and two on the rear centre. Fire hose, fire extinguishers and fire pails have been purchased and put in place.

MICHIGAN.—*Eastern Michigan Asylum, Pontiac.*—The graduation exercises of the Training School for Attendants will be held February 28th. The programme for the exercises is not completed. Dr. E. P. Christian, of Wyandotte, will act as valedictorian.

A cottage for women, to accommodate fifty patients of a quiet class, and an infirmary building for men, have been erected during the past summer and will soon be ready for occupancy. Certain new features in ventilation and arrangement of the infirmary for men admirably adapt it to that class of patients requiring much personal attention by reason of untidiness and carelessness in habits.

Dr. Frank W. Brown, formerly Pathologist to the Eastern Michigan Asylum, died at his home in Detroit, Mich., September 8th, 1893.

The Rev. D. C. Jacokes, D. D., late Chaplain of the Eastern Michigan Asylum, died at his residence in Pontiac, January 11th, 1894.

A Primer of Psychology and Mental Disease by Dr. Burr, Medical Superintendent, is in the hands of the printer and will be published shortly.

—*Michigan Asylum for the Insane, Kalamazoo.*—The schedules of instruction for the Junior and Senior Classes of the Training School for Attendants, are issued. The courses outlined promise to be of great interest.

A large boiler-house has been erected. Heating, electric-lighting and steam supply will be provided for both the department for men and the department for women from this plant; and it is contemplated eventually to carry electric-lighting and power to the Colony Farm several miles distant.

One cottage to accommodate fifty patients has been built on the Colony Farm.

—*Northern Michigan Asylum, Traverse City.*—Two new cottages have been erected during the past summer. The cottage for men will soon be occupied. It will accommodate 100 patients. The cottage for women, making provision for 75 patients, will be ready for occupancy in about sixty days. It is expected that the room available in the institution for about 1,050 patients will be fully taken up by early summer.

One hundred and twenty acres of land have been purchased under authorization of the Legislature, the price paid being $62.50 per acre. The timber and lumber recently removed from ten acres of this tract are estimated to be worth $1,600.00. Clearing the piece and sawing the lumber has cost $500.00, leaving a net profit to the State of $1,100.00; or $475 more than the ten acres cost.

—*Oak Grove, at Flint*, a private institution for the care of patients suffering from nervous and mental disease, is in a prosperous condition. Luxurious surroundings and excellent attention are here afforded patients, and a large number have already availed themselves of its advantages.

—The Board of Corrections and Charities, acting as locating board, under an act of the last Legislature, has decided upon Newbury, in the Upper Peninsula, as a favorable situation for the new asylum for the insane for this part of Michigan.

—The locating board for the Home for the Feeble-Minded has selected Lapeer as the site for this institution.

Minnesota.—*Rochester State Hospital.*—On July 31, 1893, 75 male patients were removed to the new State hospital at Fergus Falls, slightly relieving overcrowded wards, but there still remain 1,140 patients, with 100 men sleeping on the floor, and no relief is expected for some time to come.

At present the work of fire-proofing the "A" wards for women, adjoining the centre building, is under way, and this, when finished, will relieve the overcrowding on that side of the house. At the last session of the Legislature $90,000 was granted for the above work and a new centre building.

The latter will be commenced next spring. Captain Robert Young of the St. Paul Fire Department has been drilling the employés, and leaves the hospital with three well drilled fire companies. The Gamewell Fire Alarm system has been installed.

—*St. Peter State Hospital.*—During the past year a combined employés' dormitory and fire apparatus building has been put up, also a cold storage building. A rehabilitation of the plumbing and the facilities for bathing is also going on, so that it is hoped to have rain and spray baths generally in use throughout the house by next spring.

—*Fergus Falls State Hospital.*—A new male wing has just been completed, bringing the capacity of the hospital up to 500 patients. The old detached wing now occupied by men is ready for the reception of female patients, and a transfer of 125 women from St. Peter has been made.

The hot water system of heating has been used in the old buildings. On account of unsatisfactory results, this system has been abandoned in favor of steam in the new wing.

MISSISSIPPI.—Both asylums in this State are now crowded beyond their capacities, and unfortunately the legislature that meets in January cannot make appropriations for enlargement of either asylum. Relief will not be had before 1896, and by that time, the jails will again be filled with insane patients.

—*East Mississippi Asylum.*—A new brick laundry has just been built to take the place of the old wooden building. A steam fire pump has been placed in the engine-room, and the water main extended so as to give every part of the asylum plant protection against fire.

MISSOURI.—*Missouri State Asylum, No. 3, Nevada.*—Dr. R. E. Young writes as follows regarding his retirement from the superintendency of this institution:

"During the month of July both the assistant physicians were guilty of acts of insubordination, insolence, and profanity, in the presence of the superintendent, the second assistant threatening to kill the superintendent, and drawing a paper weight on him which would have been deadly if used. In the case of the first assistant some personal difference between him and the superintendent might have been offered as mitigating the offense. But in the case of the second assistant one of the members of the Board of Managers publicly stated that in his opinion, after hearing statements from both sides, 'the superintendent was clearly in line of duty' when the second assistant insulted him, threatened to kill him, and used profane language unbecoming an officer and gentleman.

When the Board next met, on the second of August, the superintendent preferred charges of insubordination, and of conduct unbecoming officers and gentlemen, in writing, with specifications, against both assistant physicians.

The Board summoned both assistants, the superintendent not being allowed to be present, and after hearing their statements, summoned the

superintendent and told him that as the election of officers would occur in September did he not think he could superintend the institution without any further investigation of the matter? that both assistants, in the main, had corroborated the specifications. The superintendent replied that he was willing to do anything the Board desired within reason, but that he was unwilling to take his chances of re-election, with officers who, in his opinion, ought to be dismissed; for if he should be defeated he would have nothing left but a grievance, and that he did not propose to carry one.

After considerable urging on the part of the superintendent the Board held a session of about six hours' duration, and then summoned the superintendent and read to him the following resolutions and whereases:

Whereas, Professional and official estrangement exists between the superintendent and the assistant physicians of the asylum to such an extent as to impair harmony and professional intercourse; and,

Whereas, Charges and counter charges have been made to this Board by the superintendent and physicians, be it

Resolved, That the superintendent is the chief executive officer of this asylum, and as such is responsible to this Board for its management, and it is the duty of all the officers and employés to respect, obey and enforce his orders, and if they feel aggrieved they should make written charges to this Board.

Resolved, That owing to the proximity of the re-organization of the officers of this asylum, we enjoin the officers to continue in the performance of their duties, and to conduct themselves courteously in their professional and official intercourse.'

After these whereases and resolutions were read to the superintendent he asked them if that was the decision of one and all, and if that was all they intended to do, and when each one nodded assent the superintendent handed the Board his written resignation: 'Gentlemen: Having failed to sustain the superintendent, I hereby tender my resignation, to take effect this fifth of August.'

That the whole affair was a political scheme to get rid of the superintendent can not be doubted by any one who will analyze the facts. It should be noticed that the Governor of the State was present in the institution the entire time; and a great part of the time present alone with the Board. And it is reported that he said 'While the assistant physicians are closer to me (I suppose politically, for none of us were kin to him) the superintendent should be sustained.' After the resignation the Governor remarked to the superintendent that he was 'kerflumixed.' I suppose he meant by that, that he intended to have me beaten at the election. After I resigned I was told by the president of the Board that he was confident of his election as my successor; and just a few days before the election he resigned, and the papers in the same issue containing his resignation also contained the appointment of a medical gentleman to fill the vacancy he occasioned.

I want the brethren of the Medico-Psychological Society to understand the situation, and to know that my heart is still in the great work, although financial considerations force me into the general practice of medicine.

After my resignation the Board honored me with the following resolution:

'*Resolved*, That in the retirement of Dr. R. E. Young from the superintendency of this institution the asylum loses an able, efficient and devoted officer, and we commend him for his zeal and industry in the performance of his duties, and in severing his official connection with us we extend to him our best wishes for his future happiness and prosperity.'"

NEW HAMPSHIRE.—*New Hampshire Asylum, Concord.*—The sum of $25,000 was appropriated by the State legislature, for the erection of a convalescent building for male patients, and for the wiring of the entire institution for incandescent lighting. During the summer the wiring has been completed, and it is expected that the current will be turned on before the new year.

For the present the institution will obtain its electricity from a local company in Concord.

The foundation for the new convalescent building for male patients is already completed; the superstructure will not be erected until the following spring.

During the summer, the Walker summer cottage, located in the country four miles from the institution, has been in operation for a period of five months. There has been a daily average of twenty-seven patients located at this place.

Another season's experience has demonstrated the usefulness of the summer cottage as a remedial agency for our patients. Many have convalesced there, and in some the improvement was most marked.

The trustees, at their semi-annual meeting in 1892, voted to select a site on the grounds by the lake for a summer cottage for male patients.

During the last summer, the work of grading for such a building was finished. It is to be hoped that in a short time a small cottage for men may be erected at this point.

In July the fourth class in the training school for nurses graduated. The class beginning in October, 1893, numbers fifteen.

NEW JERSEY.—*Essex County Asylum, Newark.*—The new wing is rapidly nearing completion. The fourth floor will constitute a dormitory ward for fifty patients and the three wards below contain ninety single rooms. A dining-room for each of these wards is afforded by the erection of a three-story rear extension. The dumb waiter wall is of brick and built outside of the enclosing wall; the woodwork is of pine and the flooring of yellow pine; each room door has an aperture covered with wire, through which the night watch can readily observe the condition of the occupant without entering the room; each door is also furnished with a patent spring lock, which may be opened from the outside by the knob, but requires a key to open from the inside.

NEW YORK—*Willard State Hospital, Willard.*—The summer and autumn of 1893 have been a very busy season at Willard State Hospital. The business accomplished has been more especially in the direction of betterments and of certain valuable acquisitions. During the season mentioned fourteen

modern steel ceilings of tasteful design have been placed in sitting-rooms and wards and dining-rooms and have been in several instances nicely decorated.

Eight new sculleries have been constructed and furnished with cupboards affording accommodation for table-ware and sink-room with hot and cold water so as to remove all scullery work from the dining-rooms proper which now at all times present a more becoming appearance.

A reception room especially used for the reception of patients has been furnished in an appropriate and pleasing manner so that the first impressions of inmates are rendered more agreeable.

A suction pipe 1,300 feet long and 16 inches in diameter has been carried out into the deeper portion of Seneca Lake, so that an abundant supply of fresh and pure water can at all times be had.

Appropriations have been asked also to complete this good work of abundant provision of water by a thorough renovation and cementing to the highest water level of the various reservoirs which serve as a receptacle for the water supply of the hospital.

Among other important works completed is a broad gauge railway which is now ready for service from the Willard Station on the new road to the hospital.

A very great acquisition in this connection is a broad gauge locomotive of sufficient power to conduct an efficient service on this broad gauge track, and the completion of trestles at the various detached buildings for the delivery of the coal supply.

A great desideratum so far as the diversion of patients is concerned has been the purchase of a large and handsome steam yacht which afforded many happy excursions during the summer.

A very important undertaking is nearing completion in a central fire department building containing steam fire engine, chemical engine, hose cart, hose tower, apartments for men and stalls for horses and, in fine, the general appointments of city fire departments.

Another work of great importance which will soon be complete is an electric light plant building to contain the double plant which will soon supply illumination for all the buildings of Willard State Hospital.

Time and space will not permit the mention of many other betterments and general improvements which have been carried out both in the main and the detached buildings, nor of all those appropriations which have been asked for in the forthcoming annual report for a long series of further improvements.

—*Hudson River State Hospital, Poughkeepsie.*—The committee appointed by the Board of Managers of the Hudson River State Hospital to draft resolutions in regard to the services of Dr. Joseph M. Cleaveland as medical superintendent of the hospital, after serving for over twenty-five years, have presented the following resolutions, which have been unanimously adopted and signed by each member of the Board:

Whereas, Dr. Joseph M. Cleaveland, superintendent of the Hudson River State Hospital, has urgently insisted, on account of ill-health, that the resignation of his office be unconditionally accepted; therefore be it

Resolved, That the managers of the Hudson River State Hospital, while reluctantly accepting said resignation, desire to place on record their appreciation of his long and valuable services to the institution, his unremitting labors in its behalf, his untiring devotion to its interests, his unquestioned honesty in the administration of its affairs, and his capable and conscientious discharge of all his varied and heavy responsibilities:

Resolved, That his prompt, courteous and efficient endeavors to further the wishes of this Board, impressed its members individually and collectively with his eminent fitness for his position and for that well-deserved reputation which can only be justly earned by a life-long devotion to the high instincts of humanity and the noble impulses of Christian charity:

Resolved, That Dr. Cleaveland carries with him in his honorable retirement the best wishes of the members of this Board, and all the pleasant memories which are necessarily associated with an uninterrupted friendship of over a quarter of a century.

AMASA J. PARKER, *President*,
FRANK B. LOWN, *Vice President*,
JAMES ROOSEVELT,
GEORGE F. SHRADY, M. D.,
J. SHERRY,
W. H. MASE,
HUDSON TAYLOR,
CHARLES P. MCCLELLAND,
LEWIS STUYVESANT CHANLER.

—*Binghamton State Hospital, Binghamton.*—An electric fire alarm system has been installed. A fire department has been organized, and systematic weekly drills have been conducted throughout the summer and fall. It has been demonstrated that within from one and a half to three minutes from the time of alarm, the fire company can attach the hose to the hydrants and direct one or two streams on any building on the hospital premises.

—*St. Lawrence State Hospital, Ogdensburg.*—Group No. 3 has been finished and is occupied by patients transferred from the Hudson River and Rome Temporary State Hospitals, and the Kings County Asylums.

A fire department has been organized and the Gamewell Fire Alarm System has been installed. The fire brigade consists of one hook and ladder, three hose companies and two life-saving corps. Bi-weekly practice drills are held.

—*Matteawan State Hospital, Fishkill.*—The population is rapidly increasing; the present total number of inmates being 419. The institution has a capacity for more than 500 patients.

During the summer, a large barn was erected for milch cows, a new carriage house constructed and a building for the storage of vegetables. A brick extension 48 feet long has been added to the boiler house to provide room for the storage of additional fuel. A new driveway has been constructed over a mile in length, forming a broad avenue of approach from the village to the administration building; and a large amount of grading has been accomplished about the grounds.

A twelve inch vitrified outlet sewer to the river about two miles in length has been nearly completed. The artesian well, which is capable of yielding 25,000 gallons of water daily, has been extended to a depth of 2,700 feet, but without materially increasing the flow.

—*Rochester State Hospital.*—The New York State Legislature of 1892 appropriated $179,680.00 for the erection of additional buildings and improvements at the Rochester State Hospital. They have just been completed and consist of an administrative building, wards for 200 patients, boiler house, three fire escapes, outside closets, lavatories, bath-rooms and clothes-rooms. The new wards are occupied by men, making really a new male department, comprising two two-story buildings of brick, connected by a corridor, in the centre of which is a building containing lavatories, bath-rooms and clothes-rooms. The administrative building is a three-story structure of pressed brick. The first floor is used for offices, and the apartments of the resident officers are situated on the two upper floors. These buildings are heated by the system of indirect radiation.

—*Syracuse State Institution for Feeble-Minded Children.*—The committee of awards of the department of liberal arts of the World's Columbian Exposition have awarded the premium for "methods employed in the institution" to this institution.

—*Kings County Insane Asylums.*—One of the four new buildings at Kings Park (branch asylum) has been opened and 150 patients have already been transferred.

—*Long Island Home, Amityville.*—Improvements in furnishing and equipment and extension of measures for diversion, occupation and amusement of patients have been features of the year's work.

—*Utica State Hospital.*—Additional fire protection has been ensured by the purchase of hose, extinguishers, &c. All the stand pipes in the fireproof stairways have been connected with the hydrant system, with valves outside of the building.

A cold storage warehouse has been provided in connection with the ice and slaughter houses, and the ice-house has been put in good order.

Arrangements are being made to discontinue the use of the small boilers in the infirmary by connecting the latter with the central steam plant. It is expected that greater economy in fuel will be effected by this means. When the two new boilers shall have been built, the hospital plant will consist of nine boilers. The boilers in process of construction are to be 6 feet by 17 feet, horizontal tubular boilers, of 150 horse power each.

Additions have been made to the printing office and bookbindery, the latter now having quarters of its own. Considerable printing and binding have been done for the other State hospitals.

A new engine, for use in connection with the electric plant, has been secured and will soon be in operation.

A new greenhouse has been erected, and considerable work is in progress, in the way of repairs and additions, as follows: A large two-story ware-

house and cold storage room, a new central bath-house, a new bakery and attendants' club-room, the extended and reconstructed brick barn, a new hose-house with tower and sleeping quarters for a fire department, an addition to the laundry for a soap-making plant and the extension of the boiler-house for the reception of two new boilers.

—Honorary membership in the Society of Mental Medicine of Belgium has been conferred upon Drs. G. Alder Blumer and Henry E. Allison.

—A course of ten Saturday lectures on Idiocy and Insanity has been given by Dr. Frederick Peterson, of New York. The subjects treated were Idiocy, Imbecility, Cretinism, Paranoia, Acute Melancholia, Chronic Melancholia, Acute Mania, Chronic Mania, Dementia, General Paresis, Circular Insanity and Katatonia.

North Carolina.—*Eastern Hospital, Goldsboro.*—A new laundry building is finished and occupied. There is also in process of erection an annex to the wing for male patients, 37 feet by 102 feet, three stories high. When completed this will give an associate dining-room for male patients and accommodation for fifty additional patients. A neat cottage has recently been erected on the premises for the farmer and family, and a purchase of one hundred and sixty-eight acres of land has been made for the farming interests of this hospital.

Ohio.—Work has been begun on the Massillon Asylum and will be pushed as rapidly as the appropriation will permit. There has been no change in the organization of any of the institutions and they are moving along as usual.

—*Columbus Asylum.*—A course of lectures to the attendants has been undertaken and pathological bulletin number *one* has been issued. It is hoped that further work of this kind may be done and that permanent arrangement may be made for the future with Prof. Herrick.

—*Cleveland Asylum*—The new Cottages for convalescents at this asylum are now occupied, and more than meet the expectations of the superintendent and Board of Trustees. They are two stories high, neatly and comfortably furnished, and look more like homes than asylums. Here the convalescent patient is removed from the objectionable features of the crowded ward, where all of whatever grade are necessarily thrown together. Each building contains on first floor—a sitting-room where two open fire places add cheer and health—a music room— a reception room—a parlor—a reading room—and a dining-room. The parlor and dining-room also have open fireplaces. The second floor is devoted to sleeping rooms. Each cottage is provided with its own steam plant and kitchen. The practical working of the plan is in every way satisfactory. The patients are made more comfortable, better classification is secured, and the cost of maintenance is lessened. The cost per capita of building including furniture was $375.00.

An electric light plant has been installed at a cost of $12,000.00, and is now in operation.

—*Asylum for Epileptics, Gallipolis.*—This institution has been opened for patients and about 250 have been received.

PENNSYLVANIA.—The lunacy law of 1883, permitted persons to place themselves voluntarily in any hospital of the State for a period not exceeding seven days, on signing a request for admission witnessed by a friend and a physician of the institution. The legislature of 1893 amended the section of the law in reference to voluntary admissions, so as to extend the time for which a patient might be detained under this proceeding to thirty days.

—The Board of Managers of the Pennsylvania Hospital several days ago elected as a resident physician of the institution Dr. Thomas Kirkbride, son of Dr. Kirkbride, who for fifty years was superintendent of the Pennsylvania Hospital for the Insane. Dr. Kirkbride graduated from the university of Pennsylvania in 1893. In entering upon this service he will spend four months at the Pennsylvania Hospital for the Insane, and sixteen months at the Pennsylvania Hospital for the Sick and Injured.

—Under the caption of "Asylum Building in Pennsylvania," a Massachussetts paper thus contrasts the work done in the two States:

Pennsylvania is not usually considered one of the most advanced of the States in the education or charities that it bestows on its very mixed population; but there are some matters in which Massachusetts can learn from that State. One is in the building of asylums for the incurable insane, if we may judge by the accounts received of the progress made in the work on a structure for that class at Wernersville, in Berks county, near Reading. This asylum for 800 patients was authorized late in the year 1891; the plans were approved in March, 1892, the corner-stone was laid November 29, the same year,—the work having been begun in the July preceding. The estimated cost is less than $500 per capita, and the work is now almost finished, according to the *Philadelphia Ledger*.

This alacrity in building is itself greatly in contrast with the snail's pace at which our Medfield asylum has gone forward; but now comes the truly advanced action of Pennsylvania. "A bold and successful attempt was made," says the *Ledger*, "to establish patients in temporary quarters on the grounds," so that they might take part in the work of farming on the 518 fertile acres purchased, and to assist in the general fitting up of the establishment. A hundred men and as many women of the chronic insane were sent up to Wernersville, lodged with rude comfort in the farm buildings, and set to work, instead of staying cooped up in the crowded old hospitals. The experiment has succeeded; the work has been done, and the mental state of the poor patients has been benefited. The same thing might have been done at Medfield, if the State authorities had been as sensible as Governor Pattison and his coadjutors in Pennsylvania.

In one thing Governor Pattison is wrong, however. At the corner-stone laying, thirteen months ago, he told his hearers that insanity had not been increasing in the State,—only coming more to the notice of the people. Probably he had not considered what the following figures mean: Population

of Pennsylvania, in 1873, 3,747,000; in 1893, 5,558,000; registered insane in 1873, 3,835; in 1893, more than 8,000; increase of population, 48 per cent; increase of the insane, 108 per cent. And of the 8,000 lunatics now reported, less than 900 are estimated as curable, while more than 7,000 are set down as beyond probability of cure. Out of something like 8,000 admitted to hospitals in the year, or already under treatment, little more than 500 recovered, more than 600 died, while the number of first admissions was about 1,500. At this rate, the insane must accumulate about 300 a year; and in fact they have increased an average of 210 a year ever since 1873. This would indicate that the State will need another asylum about once in three years, as large as that in Wernersville.

—*State Hospital for the Insane, Danville.*—The graduation exercises of the Training School for Attendants took place in the amusement hall of the Hospital on June 13th. The class numbered sixteen.

Addresses were made by Dr. H. M. Wetherill, Secretary of the Committee on Lunacy, and Hon. Thomas Chalfant, Secretary of the Board of Trustees. The diplomas were conferred by Dr. H. B. Meredith, Superintendent.

The school is the first of the kind in the State and very decided interest in the course of lectures has been manifested by the attendants.

TEXAS.—*State Lunatic Asylum, Austin.*—A standpipe of over 300,000 gallons capacity has been constructed and pumps placed in an artesian well, sufficient to fill this reservoir, which is eighty-five feet high. The site of the standpipe is at least fifteen feet higher than the buildings. In addition to the pressure from the standpipe, a large Burr duplex fire-pump has been installed, with sufficient capacity to throw four streams over the highest buildings. A new hose cart and a hook and ladder truck have been purchased, and one thousand feet of the best fire hose added. A well organized fire company is maintained, and by constant drilling has reached a high degree of proficiency. With these improvements there is better fire protection than ever before. With an alert night force both in the buildings and on the outside, it is scarcely probable that a fire could gain much headway without being discovered.

—*North Texas Hospital for the Insane, Terrell.*—An infirmary for women patients has been completed and is occupied. Two large day-rooms are provided with open grates, the building is detached and thoroughly ventilated, and large verandas have been attached.

A substantial house for the fire department, with two rooms for employés, has been built, and a new hose cart with equipment has been purchased.

VERMONT.—The name of the Vermont Asylum for the Insane, Brattleboro, has been changed to "Brattleboro Retreat."

VIRGINIA.—The insane of Virginia are well taken care of in the hospitals, with every comfort consistent with economy at a *per capita* cost of thirty-eight cents *per diem*.

—*Western Lunatic Asylum, Staunton.*—The completion of the new State hospital buildings increases the capacity of the institution to 850 beds. The

per capita cost of the new buildings accommodating over two hundred patients, was about one hundred and forty-five dollars, including furniture.

—*Eastern Lunatic Asylum, Williamsburg.*—The new building for women is completed, but not ready for use, waiting for an appropriation for furnishing. Its cost, so far, is about $22,000.

Satisfactory progress has been made in the introduction of apparatus for fire protection. A large reservoir with capacity of 400,000 gallons has been erected; the fire engine, pipes and fire plugs have been placed in position ready for immediate use.

—*Central Lunatic Asylum, Petersburg.*—The new addition to the female department, for the construction of which the last legislature appropriated $20,000, has been finished and is now occupied. It accommodates 105 patients.

WASHINGTON.—*Eastern Hospital, for the Insane, Medical Lake.*—As the legislature of the State of Washington convenes biennially, no report is required to be published this year. The following is a synopsis of the summary submitted to the board of trustees:

In the Eastern Washington Hospital for the Insane, there was 115 men, 49 women—total 164 on the rolls, Oct. 1st, 1892; and 127 men, 55 women—total 182, September 30, 1893. During the year 53 were admitted, 16 discharged as recovered, 5 as improved, 1 as unimproved, 1 as not insane, 12 died. Average daily population, 177.16.

During the year the general hygienic condition of the hospital was good. No epidemic diseases made their appearance. No suicide, homicide or dangerous attack occurred. No successful escape was made.

Arrangements have been made to utilize exhaust steam for heating purposes. This has been the means of saving nearly half a cord of wood daily during the months when steam heat is required on the wards.

A new laundry building, separated entirely from the main building, has been erected and occupied. It is more convenient and commodious than the old one. The portion of the rear-extension formerly occupied by the laundry will be fitted up together with some adjacent rooms into two large associate dining-rooms.

The plans for a new wing have been drawn and the work will begin May 1, 1894. It will be a three-story structure, as the law granting the appropriation was coupled with a requirement to that effect. The new wing will be thirty feet from the present building but connected by a covered corridor. It will be substantially fire-proof, and will accommodate ninety patients. The wards and day-rooms will be so arranged as to make them light and cheerful, a radical change from the present plan. In addition to indirect steam radiation each ward will have two open fire places which will not only add to the cheerfulness of the surroundings but materially aid in ventilation.

WISCONSIN.—New county asylums for the chronic insane are being built at Winnebago and at Wausau. Capacity, 150 and 100 beds.

—*Northern Hospital for Insane, Winnebago.*—A training school for nurses is fully organized. The first lecture was delivered November 6th. The course will consist of systematic instruction in anatomy, physiology, fever nursing, hygiene, surgery and surgical emergencies, diseases of women, diseases of the eye and ear, and care and management of the nervous and insane. The lectures on special subjects will de delivered by specialists.

CANADA—*Ontario.*—A very remarkable law has just been introduced under the new criminal code, that recalls the Alderman written of by Dickens, who attempted to put down poverty and other misfortunes. This law is nothing less than one to "put down" suicide. By the new code, a recent paper states an attempt to commit suicide is regarded as a grave crime punishable by a term in prison, and one unfortunate fellow has just been sent to penitentiary for two years as a result of having attempted to take his own life. Those who have made a study of mental disease are inclined to believe that attempts at suicide are in the majority of instances the outcome of something more than the temporary insanity that does such noble duty at coroner's inquests. If the minister of justice, who, by the way, seems to have little sympathy with those suffering from insanity, as shown by the hanging of Harvey and Dubois, succeeds in curing mental disease by punishment and confinement in prison, the whole question of the care of the insane will be made plain, but the history of past centuries would go to show that heroic measures failed to cure just as they will fail now. Unfortunately for the theories held by the minister of justice, insanity is a disease, not a crime.

—*Asylum for the Insane, Toronto.*—A new infirmary is now finished for the male side of the asylum. It contains eight rooms for patients and is self-contained in respect to bath-rooms, closets and such like, including airing corridors. There is accommodation for twenty patients. The most of the heavy work was done by patients, and it is substantially built of brick with stone facings, and heated with hot water, and is three stories in height and thirty-five feet by sixty feet in area. Outside of asylum labor it only cost $1,700.

The superintendent has commenced a course of lectures on "Law and Insanity" to the barristers and students of the law school and the university. The attendance so far has been over 200 persons.

OBITUARY.

ISAAC NEWTON KERLIN, M. D.

On the twenty-fifth day of October, eighteen hundred and ninety-three, passed away the last of the small group of men who, about the middle of the present century, began to labor on the introduction of what has grown to be a large and important charity; who began the work of teaching the public that the feeble-minded child who roamed the street, vegetated in the almshouse, or was the sore trial of the home, could be aroused to better things, or failing in that be far more comfortably cared for in an institution especially designed and conducted for his use. Nearly all of this group of men lived to see the work, to which they had devoted their lives, take its place among the leading charities of our nation, and a position in the public mind which probably far exceeded the hopes of its founders. To none was the gratification accorded to a greater degree than to Dr. Kerlin, who gave all his adult life to the development of this work, and during his last few years, in the face of physical weakness and suffering, absolutely refused offered rest, that he might bring his work as near as possible to his chosen standard of exellence before he was obliged to leave it.

Isaac Newton Kerlin was born in Burlington, New Jersey, May 27, 1834. His parents were Joseph Kerlin, grandson of one of the Penn settlers on the banks of the Delaware, and Sarah Ann Ware, daughter of John T. Ware and grand daughter of John Ware, both prominent ship builders. He was educated in the public schools and in the John Collins academy in his native town, and studied medicine under the preceptorship of the late Dr. Joseph Parrish, graduating from the University of Pennsylvania in 1856. He was appointed resident physician at Wills Eye Hospital in 1857, from there, to the assistant superintendency of the Pennsylvania Training School for Feeble-Minded Children, then in its infancy, in October, 1858. He enlisted in the emergency call of 1862, when the advance of Lee's army threatened the North, but was called from the ranks by the late State Surgeon General Henry H. Smith and placed by him in charge of the night work of the improvised hospital at Hagerstown Court House, where, on the gloomy nights of September 17–21, he gave faithful and efficient

service. Three weeks after, he was entrusted by Medical-Director A. K. Smith with the removal of the wounded who were able to be transported to Chambersburg, Harrisburg and Philadelphia. From here, he was called by the United States Sanitary Commission and sent to one of its outposts in Suffolk, Virginia. From here he was removed and placed in charge of the field work of the Sanitary Commission of the Army of the Potomac, then badly needing reorganizing, with which he remained until after the battle of Chancellorville in May, 1863, winning for himself the approval of the Commission by his organizing ability and indomitable courage and energy. In November, 1863, he was recalled to his old post at the Pennsylvania Training School as superintendent of that institution. He took up that work at a most discouraging time, when the attention of the public was fully occupied, and funds, either from public or private sources, were difficult to obtain. With unfailing cheerfulness and energy, he took up the labor and soon had the work in a prosperous and growing condition. He early saw, with his associate superintendents in the work, that without association and intercourse, the best results could not be obtained, and a meeting was called at Elwyn in 1876, Drs. Seguin and Wilbur of New York, Doren of Ohio, Knight of Connecticut, Brown of Massachusetts and Charles Wilbur of Illinois responding; and a National Association was formed with Dr. Seguin as president and Dr. Kerlin as secretary, the latter holding his office almost uninterruptedly until his death. Other members were rapidly added and the association now includes all in the country at all prominent in the care, training and education of the feeble-minded.

Dr. Kerlin early recognized that institutions were not doing their whole work in caring for their wards, that prevention was an element in diminishing this great public burden, and that methods of prevention were largely dependent for their efficiency on a sure knowledge of the causation of the conditions underlying idiocy. This knowledge could only be obtained through clinical and pathological research. This subject was brought before the association meeting in 1882 and an effort made to have a pathologist appointed who should work up such material as could be furnished jointly by the different institutions. Though this plan was advocated by those present, it was not found feasible and was for the time abandoned. Dr. Kerlin, however, persuaded of the necessity for such work and sustained by a liberal and progressive board of managers,

began a series of autopsies at the Elwyn institution, and considerable work was done in his lifetime and a foundation laid for much more in the future. A firm believer that the feeble-minded of all grades were the wards of the State and equally entitled to a share in its bounty, he early advocated the erection of detached buildings particularly adapted to the comfortable and economical care of the idiot. In the spring of 1883, the first of these buildings was opened, accommodating one hundred and twelve children. At the close of his labors, besides the central school department buildings providing school-rooms and accommodation for four hundred feeble-minded children of the teachable class, there stood also, on the institution grounds at Elwyn, four detached buildings easily accommodating four hundred children of the custodial and unteachable class. As his work reached the limit he had often named for thorough and economical management, his long labors began to show their effect upon his health and strength. The trustees of the institution, appreciating the value of his services, gave him liberal allowances of time for recuperation: but the restless energy, which had characterized all his life, allowed him to be thoroughly happy only when busy, and he fought off for four years the effects of the combined cardiac and renal diseases which, during this period, often threatened his life.

He married in 1865 Miss Harriet C. Dix of Massachusetts, and her cordial aid and sympathy were acknowledged factors in his success.

It is to be regretted that the numerous cares of a rapidly growing institution prevented his writing any extended work on juvenile mental disease. It was a work he had contemplated and he was only waiting for increased material and the leisure of later years to perform it. His numerous short articles are characterized by profound knowledge of his subject, a ready wit, and a striking originality of expression, which made them not only instructive but entertaining and held the interest of the reader to the end. He published an article on Classification of the Feeble-Minded, making their mental powers the basis of his table. This, he insisted, was not the best classification, but, until our knowledge of the material causation of idiocy was more fully developed, was the most intelligent we could adopt and least likely to cause confusion. In the so-called moral imbecile, he was strongly interested, insisting that the absence of moral sense was a true mental deprivation, and that the victim of this infirmity should be cared for among the feeble-minded. He issued the first statistical paper on the causation of idiocy, basing his statement on a critical examination of one hundred

cases. As secretary of the National Association, he was in frequent association with specialists abroad, and the summer of 1889 he spent in examining foreign institutions and acquiring new ideas to be introduced into his own work at Elwyn on his return.

His character and attainments were such as to render him eminently fitted for his work. With untiring energy and possessed with a large amount of human sympathy and a hearty belief in the importance of his work, he combined a rare judgment of men, an exquisite tact which rarely failed him, a patience which could wait for years for any object which seemed essential to the success of his plans, and he rarely failed to seize the right moment for their execution. He enlisted the interest of the public in his work by his hospitality, making the rich and poor alike welcome, and encouraging donations for the institution, however small, knowing each one meant more than the money value represented. He always expressed profound faith in the ability of his subordinates, was loyal to them in all difficulties, unless created by wilful fault, and by these means, and by his own energetic leadership, secured their affection and most loyal service. Though familiar with his subordinates and on terms of intimate friendship with some of them, his strong personality and force of character were such that he never lost his position of leader. The loss of his wife in December, 1892, to whose tender care he owed much of the conservation of his strength, was a sore blow. As the warm weather of 1893 advanced, he did not rally as he usually did through the summer months. His continued weakness discouraged him, and, when he realized that his active work was over, he expressed himself as content to die. He was buried, at his request, in a beautiful grove on the grounds of the magnificent charity in whose creation he had taken so active a part. His name and his fame have grown with the walls of the institution buildings on the Elwyn grounds and they are his monument.

He leaves four sons, one of whom has chosen his father's profession.

A. W. W.

OSCAR CRAIG.

Hon. Oscar Craig, President of the State Board of Charities, died at his residence at Rochester, N. Y., January 2, 1894, in the fifty-eighth year of his age. Mr. Craig was of Scottish parentage. He was born at Medina, November 14, 1836. He entered Union College from which he graduated at the age of 26. Three years

after he received the degree of A. M. from his Alma Mater. He studied law at Buffalo and was admitted to the bar one year after graduation. He located in Rochester but owing to ill-health he visited the South, and resided for a time at Savannah, Ga. He returned to Rochester in 1868, which continued to be his residence until his death. For many years he was the attorney to the Monroe County Savings Bank and was also trustee of the same institution. He was connected with several charitable institutions and took great interest in their management. In 1880 he was appointed by Governor Cornell, a member of the State Board of Charities, in place of Martin B. Anderson, President of Rochester University. He retained this position until his death. In April, 1889, he was elected president of that Board.

Mr. Craig was a citizen of rare worth and usefulness. He was at all times interested in reformatory and charitable work. When he entered the State Board of Charities he found a field of usefulness peculiarly adapted to his taste and he improved it to the fullest extent. Though pressed with professional duties he never allowed his business to interfere with his official obligations. Indeed, there is no doubt that he often sacrificed his professional to his public duties. While President of the Board he became remarkably familiar with the charitable and reformatory institutions of the State, no one, however humble, escaping his careful scrutiny. His aim was to sustain and improve institutions and not to destroy them. Hence he strove to correct abuses and abate all discoverable errors of management without disturbing the orderly operations of institutions. No manager of a charity could but be grateful for his visit, however severely he criticized defects in the management, for he made it apparent that he sought only to improve and benefit the institution. Perhaps his most notable work was in connection with the organization of the Lunacy Commission, and in the passage of the State Care Act. The enactment of both of these measures was largely due to his advocacy. Mr. Craig wrote largely on questions relating to charitable institutions, and also contributed many able papers to religious periodicals of the Presbyterian faith. He was an impressive and forcible speaker on all occasions. In personal appearance Mr. Craig impressed every one as a dignified gentleman, of great urbanity of manners. Kindliness, gentleness and goodness were strongly expressed in every feature. The State has lost a model citizen and most useful public officer.

S. S.

APPOINTMENTS, RESIGNATIONS, ETC.

ABBOT, EDWARD S., appointed Third Assistant Physician at the McLean Hospital, Waverley, Mass.

ADAMS, CHANCEY, resigned as Assistant Physician at the Taunton Lunatic Hospital, Taunton, Mass.

ARMSTRONG, GEORGE G., appointed substitute Second Assistant Physician at the St. Lawrence State Hospital, Ogdensburg, N. Y.

BALMER, WM., resigned as Assistant Physician at the Cleveland Asylum for the Insane, Cleveland, Ohio.

BOND, HUNTER A., resigned as Assistant Physician at the Long Island Home, Amityville, N. Y.

BOODY, GEORGE, appointed Assistant Physician at the Illinois Eastern Hospital for the Insane, Kankakee, Ill.

BRADLEY, CHAS., appointed Assistant Physician at the Illinois Eastern Hospital for the Insane, Kankakee, Ill.

BRIMMER, IDA L., appointed Assistant Physician at the Taunton Lunatic Hospital, Taunton, Mass.

CHASE, ROBERT H., formerly Chief Resident Physician of the Male Department, State Hospital for the Insane, Norristown, Penn., appointed Medical Superintendent of the Friends' Asylum for the Insane, Frankford, Penn.

CHILGREN, G. A., appointed Assistant Physician at the St. Peter State Hospital, St. Peter, Minn.

CLARK, ——, appointed Assistant Physician at the Kansas State Insane Asylum, Topeka, Kansas.

CRANDALL, G. C., resigned as Assistant Physician at the Northern Michigan Asylum, Traverse City, Mich.

DALY, RICHARD R., resigned as Second Assistant Physician at the Utica State Hospital, Utica, N. Y.

DAVENPORT, ISABEL, appointed Assistant Physician at the Illinois Eastern Hospital for the Insane, Kankakee, Ill.

DEAN, CHAPMAN, appointed Assistant Physician at the Illinois Eastern Hospital for the Insane, Kankakee, Ill.

DREW, CHARLES A., formerly Assistant Physician at the Government Hospital for the Insane, Washington, D. C., appointed First Assistant Physician at the Iowa Hospital for the Insane, Clarinda, Iowa.

EASTMAN, B. D., resigned Superintendency of the Kansas State Insane Asylum, Topeka, Kansas.

EDWARDS, JOHN B., appointed Superintendent of the Wisconsin State Hospital, Mendota, Wis.

EVERITT, ELLA B., appointed Assistant Physician at the St. Peter State Hospital, St. Peter, Minn.

FOSTER, G. W., appointed Assistant Physician at the Government Hospital for the Insane, Washington, D. C.

FOSTER, THOMAS R., appointed Assistant Physician at the St. Peter State Hospital, St. Peter, Minn.

GAPEN, CLARKE, appointed Medical Superintendent of the Illinois Eastern Hospital for the Insane, Kankakee, Ill.

GIBSON, WALTER C., appointed Fourth Assistant Physician at the Utica State Hospital, Utica, N. Y.

GORDON, JAS., resigned as Assistant Physician at the Missouri State Asylum No. 3, Nevada, Mo.

HALL, ——, appointed Assistant Physician at the Kansas State Insane Asylum, Topeka, Kansas.

HAMLET, FRANK S., resigned as Assistant Physician at the Taunton Lunatic Hospital, Taunton, Mass.

HAND, L. L., resigned as Fourth Assistant Physician at the State Hospital for the Insane, Danville, Pa.

HENRY, HUGH W., appointed Assistant Physician at the Western Lunatic Asylum, Staunton, Va.

HERZOG, H. H., appointed Assistant Physician at the Rochester State Hospital, Rochester, Minn.

HILLS, FREDERICK L., appointed Assistant Physician at the Danvers Lunatic Hospital, Danvers, Mass.

HINES, A. DON, appointed Assistant Physician at the Westborough Insane Hospital, Westborough, Mass.

HOCH, AUGUST, appointed Pathologist at the McLean Hospital, Waverley, Mass.

HOOPER, P. O., resigned Superintendency of the Arkansas State Lunatic Asylum, Little Rock, Ark.

HOVNANIAN, GREGORY H., resigned as Second Assistant Physician, Male Department, State Hospital for the Insane, Norristown, Penn.

HOWE, DELIA, appointed Assistant Physician at the Illinois Eastern Hospital for the Insane, Kankakee, Ill.

HUTCHINGS, R. H., promoted to be Third Assistant Physician at the St. Lawrence State Hospital, Ogdensburg, N. Y.

INGATE, J. T., appointed Second Assistant Physician at the Arkansas State Lunatic Asylum, Little Rock, Ark.

KNEIBERG, ANNA M., appointed Assistant Physician at the Kansas State Insane Asylum, Topeka, Kansas.

LOTHROP, HARRIET E., resigned as Assistant Pathologist, State Hospital for the Insane, Norristown, Penn.

MACGILLVARY, S. H., appointed Assistant Physician at the Long Island Home, Amityville, N. Y.

MCCASEY, J. H., appointed Superintendent of the Kansas State Insane Asylum, Topeka, Kansas.

MEYER, ADOLPH, appointed Pathologist at the Illinois Eastern Hospital for the Insane, Kankakee, Ill.

MINK, ARTHUR E., appointed Assistant Physician at the Kings County Insane Asylum, Flatbush, N. Y.

MORGAN, D. H., resigned as Assistant Physician at the Kings County Insane Asylum, Kings Park, N. Y.

NASH, J. W., appointed Assistant Physician at the Eastern Lunatic Asylum, Williamsburg, Va.

O'HANLON, GEORGE, formerly Fourth Assistant Physician at the St. Lawrence State Hospital, appointed Assistant Physician at the Willard State Hospital, Willard, N. Y.

PORTER, WM. J., resigned as Assistant Physician at the Kings County Insane Asylum, Flatbush, N. Y.

REBER, WENDELL, appointed Second Assistant Physician, Male Department, State Hospital for the Insane, Norristown, Penn.

RICHARDSON, DAVID D., formerly Medical Superintendent of the State Hospital for the Insane, Farnhurst, Del., appointed Chief Resident Physician of the Male Department of the State Hospital for the Insane, Norristown, Penn.

ROBERTSON, J. J., appointed Superintendent of the Arkansas State Lunatic Asylum, Little Rock, Ark.

ROBINSON, J. F., appointed Superintendent of the Missouri State Asylum, No. 3, Nevada, Mo.

SEARL, WM., appointed Assistant Physician at the Cleveland Asylum for the Insane, Cleveland, Ohio.

SELLING, LEO M., appointed Assistant Physician at the Kings County Insane Asylum, Flatbush, N. Y.

SHIMER, IDA M., resigned as Assistant Physician at the Taunton Lunatic Hospital, Taunton, Mass.

STEVENS, F. T., appointed Fourth Assistant Physician at the Iowa Hospital for the Insane, Mount Pleasant, Iowa.

TAYLOR, EDWIN P., resigned Superintendency of the Wisconsin State Hospital, Mendota, Wis.

THOMPSON, E. B., resigned Assistant Superintendency of the Kansas State Insane Asylum, Topeka, Kansas.

TODD, F. B., appointed Assistant Physician at the Illinois Eastern Hospital for the Insane, Kankakee, Ill.

TROWBRIDGE, G. R., resigned as Second Assistant Physician at the State Hospital for the Insane, Danville, Pa.

TURNER, O. M., appointed Second Assistant Physician at the State Lunatic Asylum, Jackson, Miss.

VAUGHAN, D. T., resigned as Second Assistant Physician of the Arkansas State Lunatic Asylum, Little Rock, Ark.

WALDRON, WILLIAM F., resigned as Assistant Physician at the Kings County Insane Asylum, Flatbush, N. Y.

WARDIN, J. L., appointed Assistant Physician at the Missouri State Asylum, No. 3, Nevada, Mo.

WARNER, A. L., appointed Assistant Physician at the Illinois Eastern Hospital for the Insane, Kankakee, Ill.

WARREN, D. EDWARD, appointed Assistant Physician at the Kings County Insane Asylum, Flatbush, N. Y.

WATSON, FLORENCE H., appointed Assistant Pathologist at the State Hospital for the Insane, Norristown, Penn.

WHEELER, ERNEST H., appointed Assistant Physician at the Taunton Lunatic Hospital, Taunton, Mass.

WILLIAMS, B. G., appointed Assistant Physician at the Kings County Insane Asylum, Flatbush, N. Y.

YOUNG, EMILY A., appointed Assistant Physician at the Westborough Insane Hospital, Westborough, Mass.

YOUNG, R. E., resigned the Superintendency of the Missouri State Asylum No. 3, Nevada, Mo.

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